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COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

November 6, 1970  
Charlottetown Hotel,  
CHARLOTTETOWN, P.E.I.







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BEFORE:

Gerald LeDain, Chairman,  
Ian L. Campbell, Member,  
Heinz E. Lehmann, M.D., Member,  
James J. Moore, Executive Secretary,





1 --- Upon commencing at 2:00 p.m.

2 THE CHAIRMAN: Ladies and gentlemen,  
3 we call this hearing of the Commission of Inquiry into  
4 the Non-Medical Use of Drugs to order.

5 I hate to ask you to disturb yourselves  
6 but I wonder if it would be possible for you to come  
7 a little closer. We seem to be very far away from a  
8 lot of people at this hearing.

9 Thank you very much.

10 This is our second visit to Charlotte-  
11 town in the course of this inquiry, and I shouldn't  
12 spend much time on our terms of reference, but for  
13 the benefit of those who were not here on the first  
14 occasion, I will just state very briefly that we were  
15 appointed in May of last year on a two year mandate,  
16 and were asked to look into three things: principally,  
17 the effects of the non-medical use of psychotropic  
18 substances, the extent and patterns of such use in  
19 Canada, the causes of such use, including the general  
20 social significance of the phenomenon; and on the  
21 basis of these findings, to make recommendations to  
22 the Government as to what they can do alone or with  
23 other governments to reduce -- these are the words  
24 in the terms of reference -- "in the reduction of the  
25 dimensions of the problems involved in such use".

26 We were invited to make an interim  
27 report and we did not have a choice in that matter.  
28 It was an obligation, the making of the report, at  
29 the end of six months of inquiry, and, as you know,  
30 this report was made public in June. We are now





1 in the process of developing our final report which  
2 is expected by the end of May of this year.

3 In this last round of public hearings  
4 we hope to get reaction to the interim report, and we  
5 seek the benefit of your comments and criticisms and  
6 also, to learn what has happened to drug abuse, the  
7 drug use, since we were here last year; what changes  
8 have taken place, the extent and pattern of use, and  
9 also the attitudes towards it, and the response by  
10 the community. We are still searching for what you  
11 might call the "wise social policy". We did not  
12 deal with all kinds of social response with equal  
13 emphasis on detail in the interim report. There is  
14 certainly something left for further consideration.  
15 We touched on aspects of treatment, but we indicated  
16 that we needed more time for study and reflection in  
17 that province, such as compulsory treatment.

18 So, we are also seeking the benefit  
19 of your experience and advice into the aspects of  
20 education and the other kinds of initiative we can  
21 take as individuals and institutions,<sup>as to</sup> the conditions  
22 of life, to remove some of the conditions that con-  
23 tribute to drug use.

24 A word, perhaps, about our method of  
25 proceeding. Our public hearings, of course, are only  
26 one means of our inquiry. We also hold private  
27 hearings with individuals. We talk to people who  
28 have a relationship with this phenomenon, experts and  
29 others, and we are conducting research of various  
30 kinds. In these public hearings, our procedure is





1 that we have scheduled submissions, and at the end  
2 of each there is an opportunity for questions or  
3 statements and comments by members of the Commission  
4 and others present. We hope you will all feel free  
5 to give the benefits of your views here. There are  
6 microphones in the aisles, and if it is convenient--  
7 if you could use a microphone, because it is difficult  
8 otherwise to record what is said.

9 I would call now upon the Honourable  
10 Gordon Bennett, the Minister of Justice and Education,  
11 who has a submission to make.

12 Would you introduce your colleagues,  
13 please?

14 MR. BOSWELL: The statement  
15 which the three of us, assembled at the table, are  
16 about to read is a statement directed by The Late  
17 Honourable J. Elmer Blanchard, Attorney-General of  
18 this province, and by The Honourable Gordon Bennett  
19 the Minister of Education and Justice for the province  
20 of Prince Edward Island.

21 Mr. Bennett wanted me to express his  
22 most sincere regrets in being unable to attend the  
23 hearing scheduled for this afternoon due to a long-  
24 standing, prior commitment.

25 The paper we are about to present has,  
26 also, the full support of the Minister of Health,  
27 The Honourable J. H. Maloney, who may be with us a  
28 little later in the presentation if he can break  
29 away from his present involvement, and who appeared  
30 before you last year, along with Dr. Malcolm Becket.





1                   We will endeavour to make this more  
2     interesting with the three of us involved in reading  
3     sections of the paper or paraphrasing -- David Boswell,  
4     myself, who is the Director of Youth in the province  
5     of Prince Edward Island, Mr. Keith Cowan who is  
6     Advisor to the government under the Ministers of  
7     Justice, Education and Labour, who has had extensive  
8     background in the field of behavioural science,  
9     and Mr. Allan Andrews who is a Youth Co-ordinator with  
10    our Division of Youth and Fitness.

11                  The work of this paper was carried  
12    out under the whole-hearted direction, interest, and  
13    encouragement of the late Elmer Blanchard, Attorney-  
14    General of this province, whose untimely recent death  
15    has saddened everyone with whom he was associated,  
16    indeed, the entire province of Prince Edward Island.  
17    You will recall his presence before you when he  
18    personally presented the initial paper on drug abuse  
19    during your last visit to Charlottetown in February.  
20    Among the widespread tributes from people of stature  
21    across the country and from the ordinary citizen,  
22    came numerous expressions of appreciation for the  
23    leadership he had shown in the drug addiction field.  
24    We have put but the finishing touches to the material  
25    in which he was taking a keen interest right up to  
26    the week of his death.

27                  The Government of Prince Edward Island  
28    in its February paper drew to your attention the  
29    increasing concern of this government, and of the  
30    public at large, regarding the abuse of drugs of many





1 kinds, with emphasis in that paper on what was an  
2 apparent campaign to force the legalization of marijuana  
3 throughout Canada. We sought evidence from an authori-  
4 tative group of medical consultants in both Canada  
5 and the United States about increasing evidence and  
6 indications which suggested that serious harm might  
7 result from a more widespread use of marijuana --both  
8 personally and socially -- so that no attempt whatso-  
9 ever should be made to legalize this drug until a  
10 great deal more knowledge was available.

11                 Subsequent research and the opinions  
12 of our consultants, whose number we have increased,  
13 lends further strength to our position stated in  
14 February that we strongly oppose "any move by this  
15 Commission to recommend, or any move by the Federal  
16 Ministers of Health or Justice, to legalize or  
17 liberalize the use of marijuana at this time, as a  
18 betrayal of the trust which the people of Canada  
19 have placed "in the Commission and the Government,  
20 and a betrayal of socio-medical principles under  
21 which all other drugs are abruptly removed from the  
22 market when even only preliminary research has  
23 indicated possible human dangers through use".

24 I have therefore not suggested to the government of  
25 this province any change in its position, nor has  
26 the Commission's Interim Report provided us with any  
27 adequate reason to change our position. In short,  
28 far more research is needed.

29                 As stated in February, it is our  
30 purpose only to establish that sufficiently strong





1 scientific and social evidence and authoritative  
2 judgments are available to cause a responsible  
3 government to take this position. We are not attempt-  
4 ing to, nor are we competent to, weigh all of the  
5 pros and cons of the evidence, nor do we believe  
6 that it would be possible by next June to come to any  
7 final conclusion, which is the time of your final  
8 report.

9 We draw to the Commission's attention,  
10 the unequivocal statement regarding legalization  
11 given by Dr. Richard C. Pillard, Boston University  
12 School of Medicine, in his article entitled, "Marijana",  
13 presented in the August 6, 1970 issue of the prestigious  
14 "New England Journal of Medicine". The study was  
15 funded by the United States National Institute of  
16 Mental Health and is an up-to-date progress report  
17 on the current state of our knowledge about this drug.

18 In contrast to the implications of the  
19 interim report, Dr. Pillard writes, and I quote:

20 "the various scientific and medical  
21 committees that have studied the matter  
22 have come to a surprisingly unanimous  
23 conclusions that marijuana should not  
24 be legalized for general consumption,  
25 but that harsh legal penalties are  
26 unwise."

27 We repeat -- "a surprisingly unanimous  
28 conclusion".

29 Let me also reiterate the stand we took  
30 regarding legal penalties. We fully recognize that





1 for certain young people, at least in some circles,  
2 there is a climate of encouragement to experiment  
3 with drugs. We do not feel that first or even second  
4 offenders for possession of marijuana for personal use  
5 should be punished with jail sentences. We feel,  
6 however -- and I repeat the admonition of the first  
7 document -- that those caught "in possession" of  
8 illegal drugs should understand that this is a "no-  
9 nonsense" matter but should by no means carry with  
10 them over their lifetime a stigma for a youthful  
11 experimentation. Fines and other light sentences  
12 could be followed -- after, say, two years of a clear  
13 record -- with the complete removal of a person's name  
14 from a criminal record for court use. Any records  
15 kept by police for investigative purposes could not  
16 be presented in court or made available for other  
17 persons.

18 At the same time, we must disagree  
19 sharply with the recommendation of the Commission  
20 that possession of all dangerous psychotropic drugs,  
21 heroin included, be treated only by a \$100 fine without  
22 consideration of prison sentences. The problem in  
23 part lies in the lack of adequate facilities for the  
24 appropriate treatment of drug addiction in Canada.  
25 There have been moves made by this government, inclu-  
26 ding the provision of money, to make a start on the  
27 treatment of alcoholism. We believe that attention  
28 must also be given to appropriate treatment of those  
29 who have become victims of other drugs, where they will  
30 get professional or professionally approved treatment



1 plus -- and we stress this strongly -- adequate  
2 encouragement to give up the use of drugs. We re-  
3 cognize, in accordance with a number of medical advi-  
4 sors, that placing the addict in jail is no certainty  
5 of cure and indeed may cause an increase in the person's  
6 failure to cope with life and society, once released  
7 from jail.

8 We note with interest that in France  
9 recent legislation has changed the law for possession  
10 and addiction to marijuana and other psychotropic drugs  
11 in removing jail sentences but calling for mandatory  
12 confinement for treatment in appropriate medical  
13 institutions. The opportunity to follow the same  
14 practice, when a person is judged a danger to himself  
15 and others, is available in this province and in a  
16 number of other provinces through special Confinement  
17 provisions of the Mental Health Act. Modifications of  
18 the Criminal Code might be studied to allow the same  
19 procedure for lesser problems, such as continued  
20 possession charges. We would encourage the increasing  
21 use of this provision as facilities are available.

22 However, as we understand it, unlike  
23 French law which endeavors to codify precise penalties  
24 for precise misdemeanors, our common law relies heavily  
25 not only on precedents but on "judgment". Thus, a  
26 judge is expected to weigh the penalty inflicted in  
27 the light of the severity of the crime and the social  
28 circumstances of the time. For example, an increasing  
29 rash of burglaries is often dealt with by an increasing  
30 severity of penalty in order to provide a visible





deterrent. This has not always been used wisely, but we recognize that there may be occasions when it is for a man's own benefit to remove him from society to a jail for a period of time; say, an irrational, dangerous addict. This might have value both to himself and to the society to whom he might be a further danger. Also, if certain drug abuses reached such epidemic proportions that broad social harm was clearly indicated, a judge might need the right to penalize more heavily for "possession" of drugs, in order to stop the increasing damage to society as a whole.

At the same time, we continue to strongly recommend, as for example, has the government of France, along with its more lenient treatment of possession and addiction, a continuing severity of punishment for those who are trafficking in illicit drugs. In support of this recommendation, it must be appreciated that there may be times when the police have a high measure of certainty, but not yet complete proof, that a person is trafficking in drugs. Therefore, we would not want to rob them of the right to use "possession" as evidence when there is, in the eyes of both the police and the judge, reasonable certainty that this evidence supports the charge of trafficking.

The argument that prohibition doesn't work has no validity, or very little, when dealing with dangerous drugs. We have a virtually universal agreement from all our advisors that openly available





1     legalized drugs lead to very greatly increased usage.  
2     Dr. Goodwin of Washington University writes, and I  
3     quote:

4                     "There is ample evidence that drug use  
5                     in any population is directly related  
6                     to availability, cost, and social atti-  
7                     tudes towards the drug. Prohibition  
8                     of alcohol in the U.S., for example,  
9                     was not the complete failure it was  
10                    often alleged to have been. During  
11                    prohibition, cirrhosis rates dropped  
12                    drastically as did admissions to  
13                    hospital for alcoholism. This is just  
14                    one of the kinds of evidence that links  
15                    availability of a drug to the extent of  
16                    usage."

17                   MR. COWAN: You will recall that in  
18     searching out counsel and advice for our initial  
19     report to the LeDain Commission, we sought evidence  
20     from some of the prime medical research people in  
21     both Canada and the United States, as to whether  
22     marijuana was personally and socially harmful.

23                   Each of these specialists has provided  
24     us with an analysis of the interim report and we  
25     will make that available to you following this  
26     meeting, or immediately within the next week or two.

27                   Since February, we have also sought  
28     counsel from Dr. K. A. Yonge, head of the Department  
29     of Psychiatry, University of Alberta; Dr. W. Goodwin,  
30     Assistant Professor of Psychiatry who is directing



1 a full-time research program on marijuana and on  
2 alcohol, at the Washington University School of Medicine  
3 in St. Louis, and also Dr. Edward B. Truitt, Jr.,  
4 Senior Fellow in pharmacology at the Battelle Memorial  
5 Institute of Columbus, Ohio.

6 It is with great regret that I announce  
7 that our chief associate from McGill, who is a gentle-  
8 man who is involved with three hospitals, doing  
9 psychiatric research and holds a position of some  
10 responsibility in Montreal, and unfortunately, he  
11 tried to move heaven and earth to be here today, and  
12 one or the other would not move, and I think it was  
13 something to do with the Medicare problem in Quebec  
14 that prevented his coming. He asked if on his behalf--  
15 he phoned last night and said, "I have put a letter  
16 in the mail, and in case I don't make it, please read  
17 it to the Commission." If I may just read part of it,  
18 then I will come back to this. He says:

19 "Mr. Chairman,..." etc., "I don't  
20 know precisely what to say, since I  
21 have felt a deep obligation and res-  
22 ponsibility to both the Commission and  
23 the representatives of the province of  
24 P.E.I. to attend today's hearing.  
25 However, it has proven to be absolutely  
26 impossible due to the present disruption,  
27 etc., of Medicare. I feel particularly  
28 obligated to attend, and I particularly  
29 wished to attend for several reasons:  
30 First, I want my detailed critique..."--





1 of which you have received a copy

2 "I want my detailed critique to be  
3 more widely available."

4 He wanted to be here in person because  
5 he didn't just want to throw this on you. He thought  
6 it was unfair to you to be faced with it without his  
7 being here to answer to some of your questions, and  
8 he was going to give a brief summary on it.

9 "Since..."

10 he says,

11 "...I would assume the role of the  
12 Devil's Advocate, and I came down  
13 rather hard in criticism, does not  
14 mean that I should like to<sup>be</sup> identified  
15 as reactionary or that I advocate  
16 hawkish procedures in dealing with  
17 this problem. Likewise, I do not  
18 wish that my recommendations that  
19 marijuana remain under the Narcotics  
20 Act and LSD be included, be construed  
21 as advocating indiscriminate punitive  
22 actions, by the Board. It was recom-  
23 mended that in order to emphasize the  
24 severity of the problem and the dangers  
25 inherent in contagion and propagation,  
26 chronic use and long term effects.  
27 I actually advocate flexibility in the  
28 initial cases..."

29 and he goes on to talk about the nature of the fines,

30 "...nor have I changed my aforementioned





1 stand that to legalize marijuana now  
2 would be disastrous. Similarly, I  
3 take such a stand now, but not irrevocably, re the future, providing  
4 supportive sociological studies clear  
5 many ~~aspects~~...", etc.

7 He goes on into detail, and perhaps,  
8 I will come to that in a moment.

9 The problem, I think, that everybody  
10 is facing, as was brought out in your interim report,  
11 is the problem of how to deal with the conflict of  
12 evidence and wide seeming conflict in evidence  
13 of judgment. And, Dr. Keith Yonge has cleared this  
14 up, certainly to many of our satisfactions, and  
15 which partly also explains the reticence among many  
16 of the medical fraternity to speak out, which is  
17 very often taken by youth as a sign of assent to  
18 drug taking.

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3 Since these conflicts exist, many youngsters assume  
4 that we do not know what we are talking about and  
5 science does not know what they are talking about and  
6 therefore their opinion and their own experience  
7 amongst their group is more valuable than what  
8 science is trying to provide. It is a common  
9 experience.

10 Dr. Yonge writes . . . "the  
11 physician, as a medical scientist relies on two  
12 different sources of information, broadly speaking.  
13 Experimental study from the laboratory and field  
14 survey on the one hand, and whose clinical observa-  
15 tions including subjective reports from the patient  
16 on the other. On the psychedelic drug dilemma so  
17 many of the medical opinions turn only on the first  
18 source<sup>of</sup>/information, that is the pure scientific  
19 data and seem oblivious to the vast amount of  
20 clinical observation and description accumulated over  
21 the centuries."

22 May I just outline briefly some  
23 of the studies that were drawn to our attention by  
24 our advisers and perhaps you are aware of them and  
25 I will just touch on them briefly. One is Dr. Truitt who  
26 has written to us a statement to read<sup>from</sup>, which I will  
27 just mention a sentence or two, and indicated the  
28 papers he sent along, a brand new one, which points  
29 out previously unknown products from the metabolism  
30 of the active chemical ingredient of cannabis derived  
from marijuana which are found in the body, which  
is not the case with alcohol. In the second





paper it is a longer paper which he gave in Toronto which deals with other newly formed metabolites with a very long retention in the body. It was Dr. Goodwin of Washington University who has been working also in this field who drew this to our attention and a great deal more attention must be given to the fact these residual substances which can remain for as long as five months remain in the body and which may explain some of the extended effects of the drug. Dr. Truitt said these two papers reveal how rudimentary our knowledge is concerning the fate of these drugs in the body. Dr. Schwarz comments that he feels it is unrealistic to believe that we will know enough at the end of the year and it might be as long as 10 years before we have adequate knowledge.

Dr. Truitt, in his comments on the report says, "I believe the quality and quantity of cannabis research upon which this Commission based its report is so limited, poorly designed and controlled and generally inadequate, that it is difficult and premature to make scientific, legal or sociological recommendations based upon the marijuana research so far available" and he recommends that it be based on the better <sup>scientific</sup> research that is evolving."

Dr. Brill makes this same point and poses the problem which you will read and he says in referring to a statement on page 428 of the report which reads, "in considering the few studies that have been made of the effects of cannabis on humans," and he adds in his





It would be a scientific mistake", he goes on, "to accept the statement on page 441", which is taken from the British cannabis report and is repeated in page 170, also, "that the long term consumption of cannabis in moderate doses has no harmful effects. If one accepts the possibility that one of the harmful effects of moderate use is a later development, proportionately, immoderate use, as it is in alcohol, then the language becomes not only unscientific, but also misleading." Dr. Louria has drawn our attention, in the letter, to Dr. Vincent De Paul /<sup>Lynch's</sup> research on pharmacological research which was announced recently and which they have shown by inducing mice--pregnant mice--to smoke marijuana, I don't know what coaxing words he used but they have done it, and 22% of their offspring have serious deleterious effects.



1  
2  
3 Dr. Gaber of Georgia Medical  
4 School, who has also produced some of the same results,  
5 cautions that a rat is not a human being and no  
6 conclusions can be drawn. He emphasized, however,  
7 that these studies "added a definite important link  
8 in establishing the dangerous potential harm  
9 brought to the developing fetus." Dr. Pillard in  
10 the New England Journal of Medicine, noting these  
11 studies, said they are ominous enough to suggest  
12 that women be specifically cautioned to avoid  
marijuana during pregnancy.

13 We have received a copy of the  
14 major multi-discipline research project which is  
15 still under wraps and they asked us if we would be  
16 kind enough not to mention the name of the  
17 institution or the exact findings at this stage  
18 because they will be presenting this before a major  
19 scientific conference within the next few weeks and  
20 in their own terms, they feel it is a breakthrough  
21 in bringing closer to verification the fact that a  
22 number of research projects which have demonstrated  
23 abnormal encephalographic/<sup>or</sup> brainwave electrical  
24 readings which persist for as long as five weeks after  
25 the taking of marijuana are of much more serious  
26 consequence than present research has been able to  
27 establish; indicating in their words, "We may be  
28 dealing with a form of seizure in the marijuana 'high'."  
29 I cannot comment of course. That will be coming  
30 along in due time. They have to stand on their own  
report and that will be available I would expect  
within about 6 weeks. That will be nationally





1  
2  
3 available.

4 Dr. Pillard, in the New England  
5 Journal, has listed a great many of the items or  
6 problems which have shown up in studies of research  
7 and clinical work which were quoted to us by Dr.  
8 Lundell and our other advisers previously where  
9 usually infrequently and sometimes occasionally  
10 associated with cannabis taking and particularly in  
11 somewhat larger amounts, <sup>were</sup> apprehension, toxic psychosis  
12 paranoia and so on and so forth. Dr. Pillard  
13 records cases, for example, where soldiers with  
14 psychopathic personalities were given required  
15 confidence by the drug to commit crimes. I will  
16 not go into details because that was covered by  
17 previous work.

18 MR. ANDREWS: The topic we would  
19 like to discuss here is marijuana and trafficking.  
20 Perhaps the clearest indictment against any premature  
21 legalization of marijuana is the interesting new  
22 evidence which pinpoints this drug as a potentially  
23 significant danger to traffic safety.

24 In a mild stage of intoxication  
25 of marijuana one of the tendencies is to become  
26 sleepy. Some authorities are of the opinion that  
27 a number of unexplained teenage and college age  
28 driver accidents on the road are due to the fact  
29 that youngsters driving cars after a marijuana party  
30 have gone to sleep and run off the road. They  
simply have not realized, due to the effect of the  
drug, that they were falling asleep and were a danger  
to themselves and to other traffic. As the drug



1  
2 intake increases and the hallucinatory effect increases,  
3 new and more serious problems arise. Authorities  
4 point to the fact that the use of this drug tends to  
5 heighten one's attention on a particular object, it  
6 makes the lights seem more bright, beautiful and  
7 intense; it makes music sound exhilarating; it  
8 tends to make a person give his whole attention to  
9 one particular item in isolation from the surrounding  
10 items. It has been difficult to prove that this  
11 concentration would take a driver's mind off his  
12 attention to the road, the car or the road pattern  
13 but evidence is beginning to come in that this in fact  
14 happens. Studies also show that marijuana induces a  
15 mild to moderate motor incoordination. Dr. Leonard  
16 M. Zunin in "Military Medicine" February 1970  
17 notes that "the above 'harmful' effects may be devastat-  
18 ing ... if one is driving a car or machinery . . . but  
19 may not be . . . if one is sitting at home".

20 We have received from the medical  
21 head of one of our government departments an audio  
22 tape from the Commission for Continuing Education  
23 entitled "Marijuana and Driving Performance" directed  
24 by Dr. Joseph A. Davis, Professor of Legal Medicine,  
25 University of Miami and Chief Medical Examiner of  
26 Dade County, Miami, Florida. He and his staff have  
27 been conducting interviews and placing questionnaires  
28 among students who have been taking drugs. He  
29 reports from questionnaires that:

30 1. The students who were taking moderate amounts of  
marijuana, that is smoking less than twice a week,  
reported that they found some difficulty in driving  
and tended to refrain from driving whenever they were  
taking occasional smokes of the drug. This number





was rather significant. Those students who smoked more than twice a week, who were habitual users, tended to play down any reference to difficulties in driving and this was taken by Dr. Davis as an indication that they were defensive about the problem in order to defend their position of drug-taking. However, some of the students decided to experiment, and the tape, part of which we will play today, brings out some very important points. In the first tape, one student who smoked occasionally smoked two and one-half 'joints' of marijuana and then drove the car with a second student who was himself quite familiar with the use of the drug sitting beside him in the car, on his right, perfectly sober. Between them they held a tape recorder and the driver recorded his feelings and sensations as he went along. Among the sensations recorded which we will not play but which are available to you, since we understand that you do have this tape in your files, was the fact that the student had difficulty reaching down to brake the car, feeling that there was a kind of a pillow between himself and the brake. A second trial by another group of students produced a similar effect as well. The student also reported that he was weaving the car back and forth trying to hold close to the centre line and was having difficulty bringing himself down off his 'high' in order to hold the car steady. Equally interesting and startling is the fact that when he came to a Stop light he exclaimed about the brightness and beauty of the light and it took him at least five seconds to appreciate that the light had changed and he then moved off. The student



1 was also unaware that he was driving at a dangerously  
2 slow speed, 40 m.p.h. in a 60 mile traffic lane of  
3 the superhighway and also commented that he perceived  
4 very poorly another car passing him. The section which  
5 we are about to play will speak for itself.

6 TAPE RECORDER:

7 Driver: I am presently now stoned from  
8 what I consider were to to two and a half  
9 good joints or marijuana. I just noticed  
10 that I forgot to turn my lights on and  
11 I was backing up. I am now pulling out.  
12 Richard, please keep the tape recorder  
13 running. I'm very serious about that.  
14 Going now? Richard: Yeah, tape recorder's  
15 working. Driver: I'm very worried  
16 at this time especially that the tape  
17 may not work. I would not like the  
18 total opportunity to be a failure. I now  
19 feel my head vibrating in between two  
20 and three different people. I forgot  
21 to look one way when I rounded that  
22 corner. I went into third gear very,  
23 very poorly, possibly the worst I've  
24 done in my entire life. I am coming to  
25 a stop sign, and for some reason I feel  
26 maybe I won't be able to stop. It's  
27 difficult to force my foot down to the  
28 floor on the brake. It seems as though  
29 both my feet are riding on cushions, the  
30 cushions between my feet and the brake





pedal. I am going to make a right turn from -- very worried because cars in both directions. I have the radio on because I enjoy the radio playing. Cars keep giving me signals to turn off my high beams, which I have done. I feel as though I'm being wafted, and I'm only going 20 m.p.h. Isn't that a great word, 'wafted'? Being 'wafted'? I feel as though I'm rising high in my seat. Feet? The lane seems quite wide enough but the car cannot go fast enough, and it appears miles to the next stop. I seem to have different -- I seem to sway back and forth across the road. Richard, am I swaying or driving badly? Will you describe my driving? Richard: Right now you're staying close to the centre of the road, you're shifting slightly towards the centre and you keep correcting.

Driver: Yeah, it's sort of, though, I take too long to correct -- isn't it?

Richard: Yeah. Driver: I'm going too slow. Richard: Definitely; don't have a proper control of the vehicle. Driver: It seems exactly right when you say that. I will not bring myself down, and it's really not difficult to keep myself down. A car in my rear has its brights on and it's almost blinding



me. Richard: Even though Arnold believes he is 'down', he's still swaying quite a bit and has not increased speed to any great -- he's still going between 20 and 25. (To driver -- 'Take a left'). Driver: I know, I know I take a left. Don't worry about my direction. My car seems to be swaying into the lane -- you can really get it driving, as people have said previously. The light change is absolutely beautiful. Richard: Took him 4 to 5 secs. to realize the light had changed to green. Driver: Are you kidding? Richard: No. How long do you think you've been driving, Arnie? Driver: Oh, about fifteen minutes. Richard: You've been driving two minutes. Driver: Oh, God, -- two. Richard: Wait 'till you get on the expressway. Driver: Is that timed to my watch, by the way? Richard: Yes. Driver: Oh great, if that's what it's going to be like. Fantastic. Richard is 'down', by the way. I want to remind you all. Richard: I haven't taken anything except something to clear --- Driver: Very poor perception of the car passing on the right. Richard: You want to go south now on 95. Driver: Yup. Very poor perception --





(slurred tongue here) -- nearly ran into that car, Richard, whether you know it or not.

Richard: I know.      Driver: I'm amazed that they don't pick up more stoned drivers. I worry about being in the correct gear, more than usual. I'm very frightened of cars passing me. I just did a totally mechanical action; I don't know why I did it. I just feel as if I could lift my foot off the brake and just go screaming around the world. Oh, watch that dog. Richard: That was a rag in the middle of the road.

Driver: Wow! (laughing) (Singing along with radio, in snatches). Richard: We're now going on to 195, heading south, the Miami Gardens Drive. Driver: Well, a great place to do, but I feel I cannot handle this curve much longer, 'cause I feel like I'm going around the edge of a teacup, and I hate going around the edge of a teacup in a car. It's like I'm going to roll right off, it's like I'm way up on top of the world. I'm really frightened up here -- I'm so very high. (In tune with radio again while song is ending) Oh, it's like going straight down. Richard: Arnie's only travelling 40, whereas most other traffic is travelling 60. Driver: You know something, it was like going straight downhill. (Road was actually flat). Like, you know something,



1 I don't know where the last 4 secs. went  
2 to, from the time I came off the hill to  
3 here, I do not know where that time has  
4 gone to. Like, all of a sudden I was in  
5 the middle of --- Richard: How far  
6 ahead of you do you think the car is in front  
7 of you? Driver: I can't drive, Richard.  
8 I'm going off the road -- I can't drive.  
9 Richard: O.K. How far ahead do you think  
10 it is? Arnie is going off the road now  
11 slowly, and I'll resume driving for him.  
12 Driver: Let me explain something. I was  
13 upside down driving and it's happening  
14 again. I've got to say something -- I can-  
15 not possibly drive now no matter what anyone  
16 does to me, because I am driving on my head.  
17 You know, driving is not good when you are  
18 upside down, folks, and us -- I have to  
19 get off the road -- my God, what was  
20 happening? I'm a little too high.  
21 Richard: Do you want me to drive?  
22 Driver: No, wait a second, let me hold on,  
23 I've got to breath. I mean, I want to drive  
24 some more, Richard. Like, I really can't.  
25 Like wow, I really can't drive whatsoever.  
26 I was driving on my head. Like, I just  
27 didn't know what was happening. You know,  
28 I was overload; I just remember, overload.  
29 I was driving along and all of a sudden I  
30 was absolutely upside down and I was falling





1 off the front of the car, and I really didn't  
2 know what to do. Richard: Here comes a  
3 state trooper. Driver: Amazing (laughing).  
4 Richard: Yeah, here he comes. Driver:  
5 Like, we were just approached by a highway  
6 patrolman and he stopped us -- and, like,  
7 I can't drive whatsoever. And If I continue  
8 to drive I'm going to kill both of us. It's  
9 amazing, I was driving and -- Richard, don't  
10 overshift -- and virtually upside down, and  
11 I didn't know what to do, and it was like --  
12 oh, sh--, it was just -- it was disastrous.  
13 Have you ever been in Funland Park? You  
14 probably never have been, but if you ever  
15 get there, there's this ride like a dive bomber,  
16 and when you're in it -- oh, Richard, stop  
17 the car. I think he did something to it.  
18 I think the car's broken, folks. I bet the  
19 fan belt --- Richard: If we go off the  
20 expressway again that highway patrol is  
21 going to bug us again. Driver: O.K. Just  
22 take it very slowly, if that's the fan belt  
23 it could ruin my car. I bet my fan fell off.  
24  
25 Dr. Davis: In retrospect as he thought this  
26 over and described it, it was really like  
27 an inverted outside loop when flying a plan,  
28 he went down like this and went like that.  
29 He was on his head -- changed his perception,  
30 and he interpreted it as the road turning  
upside down, so his relationship to the road



1 suddenly became one of -- he was upright,  
2 and the road was upside down. In retrospect,  
3 as he thought it over, this was his sensation  
4 that he was really getting. The thing is  
5 that the real crucial part about this thing  
6 is he had an out of state plate on his car,  
7 they pull off the expressway, a highway  
8 patrolman comes along, and they tell him  
9 they have just been in town, and because  
10 the driver was tired they decided to shift  
11 drivers. So, he says, "O.K.", and goes on  
12 his way. Now, if this had been somebody  
13 with .3 alcohol, that officer could have  
14 spotted it, but here's a kid who's upside  
15 down and the officer can't even tell when  
16 he's upside down. This is one of the big  
17 dangers of this stuff on the highway. So,  
18 if it comes to carte blanche legalization-  
19 commercialization, and we turn this loose  
20 on the highways, we're wiped out.

21 MR. ANDREWS: We apologize. That didn't  
22 come through the way we hoped it would. But, a  
23 second tape is also extremely revealing. In this  
24 experiment, three youths in a car all took a fair  
25 amount of marijuana. The driver, two or more joints.  
26 All were high or intoxicated. They experienced some-  
27 thing of the same problems as in the first instance,  
28 but, the most startling innovation was while they  
29 were rolling along the highway, one of the occupants  
30 decided that he would open the door and get out. The car  
kept on driving and the other two, in their intoxicated





1     hilarity, decided it was a great joke and had no  
2     sense of the very real danger to the occupant who  
3     was trying to get out the door and could be killed.

4                     From the standpoint of the Minister  
5     of Justice's Office and the concern we have for traffic  
6     violations and the safety of people on the roads, just  
7     about the last thing we want in this country, certainly  
8     P.E.I., is another drug adding to the very grave numbers  
9     of accidents which have occurred from the misuse of  
10    alcohol. It is considered that some 70% of all  
11    accidents are due to driving under the influence.  
12    To add to it a drug which creates hallucinatory effects,  
13    and to make it widespread in its use so any person under  
14    any circumstance can use it, is just unthinkable. Legaliza-  
15    tion of marijuana would unquestionably lead to greatly  
16    increased numbers of drivers experiencing hallucinatory  
17    effects and become a danger to themselves and others on  
18    the road. And no useful method has yet been devised for  
19    police to detect this type of drug intoxication,  
20    although, one may be found some time in the future.

21                    MR. COWAN: Mr. Chairman, I  
22    think that all of us feel like a 7th or 8th inning  
23    stretch, at this point. Having said that, perhaps,  
24    we'd better move ahead just to finish off what we  
25    have here. I am in a bit of a dilemma how much of  
26    Dr. Lundell's paper, which you have to read, that is  
27    the current letter in his own handwriting, which he  
28    did last night when he knew he couldn't get away.



1 He covers many of the points that we have mentioned  
2 here, and many more in his reasons for his criticisms  
3 of the report, as far as they are concerned, generally  
4 concerned about the task that is ahead for you and  
5 for the whole country. He makes a goodly number of  
6 recommendations. He feels all of the things pretty  
7 well that all of the other inquiries have felt and  
8 mentioned.

9 He emphasizes that the most serious  
10 of all the serious effects are not appropriately  
11 labelled in the interim report, and don't come through.  
12 And, I think, perhaps, for the sake of the audience,  
13 this would be boring, but it is quite extensive, and  
14 I think a very thorough look at the problem.

15 He finishes: "It requires more  
16 courage, under group pressure, to adopt a conscious  
17 scientific approach, particularly in view of more  
18 recent scientific experience and research", and he  
19 postulates about taking that cautious approach rather  
20 than examining the decisions from the

21 (inaudible)

22 He says: "I respect and admire your  
23 devotion and concern."

24 Briefly, then, and some of this has  
25 come from Dr. Lundell. Dr. Davis, on the tape --  
26 and I guess it didn't appear clear to the audience --  
27 this young man was driving upside down. He was right  
28 side up but the road was over his head. I'm not  
29 quite sure what that means but that was the vision  
30 as he drove the car.



1 But, Dr. Davis, in the previous  
2 discussions, mentions that too much concentration has  
3 been put on the use of marijuana and too little  
4 attention on what would be the effect on society of  
5 its misuse, and we suggest to the Commission that as  
6 well as studying the cost of policing the trafficking  
7 of drugs, you should also study what the cost to  
8 society would be if the abused drugs are legalized.  
9 That becomes very important, and that is the substance  
10 of all of our advisors' recommendations.

11 Already in the last year you have heard  
12 some evidence in which city after city have a need  
13 for treatment centres for youth who have gotten into  
14 problems with drugs, and this becomes increasingly  
15 costly as it spreads; the story we are sure you are  
16 all aware of.

17 On the matter of connection between  
18 marijuana and harder drugs, it is interesting--  
19 Dr. Pillard makes the point in the Journal of Medicine,  
20 in which he says: "No one has failed to find statis-  
21 tical relation between marijuana and the use of other  
22 drugs." Although it has been difficult to prove, it  
23 has <sup>not</sup> been difficult to find statistical relation. It  
24 is human nature that once you start to enjoy something  
25 for many people to seek higher highs and get into  
26 serious difficulties with this sort of drug.

27 The other problem we wish to bring  
28 before you, which all the advisors have touched upon,  
29 is that of personality alteration. Dr. Farnsworth  
30 in an editorial in the New England Journal of Medicine





1 said, "Although most users claim that limited use  
2 of this drug is harmless, the burden of proof that  
3 this is so lies on the proponents of that thesis" --  
4 which is, the drug is dangerous until proven innocent --  
5 "and it appears that the case for the free use of  
6 marijuana...", again quoting Dr. Farnsworth, "...and  
7 other cannabis products is weakening as clinical evidence  
8 of their potential harmfulness accumulates". He goes  
9 on to say, "We do not know what its cumulative effect  
10 may be on the highly motivated but extremely pressured  
11 student who will be entering a profession (medicine)  
12 where the keenest powers of observation, judgment and  
13 decision-making are required."

14 We would draw your attention<sup>to</sup>/an experience  
15 of this department, where a young lady, a fairly recent  
16 graduate from a Canadian university, came in, and a  
17 result of work being done there, discussed her own  
18 experience when in her first year or second, she  
19 began with a group of friends, all good students and  
20 a perfectly normal group, to take  
21 hashish fairly regularly, certainly on the weekends,  
22 at least. After two years she noticed that her  
23 interest in her work and her energy and enthusiasm  
24 were dropping away, and she stopped taking the drug.  
25 But, what concerned me was that in the past year,  
26 she has kept in contact with her close friends and  
27 they have continued this seemingly casual use, and  
28 what has disturbed her is the change <sup>their</sup>in personalities;  
29 a significant change in personality. They have lost  
30 interest in their work, they have become increasingly



1 inward-turing, languid, and closer to dropping out.

2 Dr. Franz Winkler discusses this at  
3 length, and without going into detail here, he discusses  
4 that in "thirty-eight years as a physician he has tried  
5 to make friends with very young children and to  
6 keep their confidence and friendship through their  
7 adolescent and adult years." This is the long-term  
8 thing we are talking about. He said that, "While  
9 hard drugs cause more obvious physical and mental  
10 harm, they are mostly used by people already defeated  
11 by life who seek in them a way to oblivion. What  
12 makes the use of marijuana tragic is that it appeals  
13 not only to the neurotic and already defeated, but  
14 to healthy young people who seek in it nothing worse  
15 than diversion or an expansion of consciousness.  
16 Unknown to themselves...some of the finest young  
17 people are thus condemned by sheer ignorance to a  
18 gradual disintegration of their personality." By  
19 the way, this might confirm Dr.(Mersen's) studies  
20 in Greece,(because of their failure to be scientific)  
21 in which he has observed over twenty years that,  
22 roughly, two marijuana cigarettes a day for two  
23 years will cause permanent impairment to the per-  
24 sonality and other physical damage. This has been  
25 his observation. To substantiate that is more  
26 difficult, but this was at the University of Greece,  
27 by the way.

28 Dr. Winkler,

29 "An early effect of marijuana", quotes/  
30 "and  
/hashish use is a progressive loss of willpower,  
already noticeable to the trained observer after





1 about six weeks of moderate use. This loss of will-  
2 power weakens the ability to resist coercion", and  
3 this sort of thing. "Soon all ability for real joy  
4 disappears, to be replaced by the noisy pretence of  
5 fun." "The marijuana user will show an increasing  
6 tendency to talk endlessly of great goals while doing  
7 nothing." Dr. Winkler suggests an experiment for  
8 all youngsters, and he says for everyone who has  
9 tried it to come back and follow up what they had  
10 noticed and suggested / <sup>that</sup> they go to somebody they  
11 know has been using marijuana reasonably steadily  
12 for a year, somebody that they knew beforehand and  
13 compare the person as he was before he started taking  
14 it, and to note the comparison, which, virtually  
15 everyone who has done it, came away feeling that  
16 they were "a pitiful caricature of his early self."

17 Dr. McLelland of Harvard, whose work  
18 in the field of creativity is so widely known tells  
19 of his time in India during the period in which he  
20 was developing leadership training programs to  
21 encourage villages to find solutions to their own  
22 problems. He found "the thinking men who should have  
23 been taking responsibility for solving the horrendous  
24 poverty, economic, social and other issues, turned  
25 inward in constant self-analysis, exploring conscious-  
26 ness, further and further induced by the taking of  
27 cannabis drugs, and the loss to India was enormous.

28 Dr. Pillard, while noting conflicting  
29 reports, draws from the studies of McGothlin and  
30 West, and other experiments which don't reduce to



1 the same results, to be fair, he says that "people  
2 becoming totally involved with the present at the  
3 expense of future goals and demonstrate a strong  
4 tendency towards regressive thinking. They report  
5 a greater subjective creativity but less productivity;  
6 and, while seeming to suffer less from vicissitudes  
7 and frustrations, they seem, at the same time, to be  
8 subtly withdrawing from the challenge of it."

9 And, I guess, the question is really,  
10 "What happens to a society when this becomes as  
11 widespread as tobacco and alcohol?", and so on.

12 I would like to skip over a great deal  
13 of the rest of the report-- time is running out --  
14 criticisms of the report, some of the concerns in  
15 general, which you can read at your leisure.

16 Dr. Schwarz was particularly concerned  
17 about the failure to give adequate attention to  
18 studies in Africa, Egypt and Asia, where many of  
19 these countries are trying their best to stop the  
20 use of marijuana and cannabis products. He was  
21 concerned greatly about the Commission's treatment  
22 of the Indian Hemp Study, and I believe you had time  
23 with him. Perhaps he did not detail you fully,  
24 but he says that, "in the medical testimony quoted  
25 verbatim, there was a clear bias against the clinical  
26 impressions of Indian physicians who expressed the  
27 opinion that cannabis in moderate use caused adverse  
28 effects. The opinions of the superintendents of all  
29 twenty-four mental hospitals in India that cannabis  
30 was associated with insanity were dismissed outright."



1 And this was, in part, he feels, because the Commission  
2 was using a very exact, precise scientific definition  
3 in demanding absolute scientific proof from these Indian  
4 doctors and when they could not produce it, other than  
5 their clinical observation, it was dismissed. He says,  
6 in fact, "they themselves did not use this in some of  
7 their own research."

8 Dr. Goodwin write to us that, "I consider  
9 it interesting that virtually all of the countries that  
10 have had the longest and most extensive experience with  
11 marijuana have made the drug illegal" -- from his own  
12 experience in these countries -- "and from my conversa-  
13 tions with physicians in these countries I have been  
14 impressed by the rather less casual view these physicians  
15 took towards marijuana than do some of our own doctors."  
16 And, he suggests that this is, in part, because in  
17 North America mostly very mild grades are being used,  
18 and that this has caused the roseate view which is held  
19 by young people in our respective countries.

20 Dr. Schwarz was concerned, as were  
21 others, that the suggestion was not made in the interim  
22 report that various countries may have had reasons other  
23 than American influence for joining the Single Convention.  
24 It is also suggested that information was also provided  
25 the Commission that the original prohibition in world  
26 trafficking in cannabis, initiated by the eastern countries  
27 with sad cannabis experience, before the League of Nations  
28 was the prime mover in the Canadian legal position regard-  
29 ing marijuana, much more than the book, "Black Candle"  
30 to which the interim report gives credit.

The Attorney-General was very greatly





1 disturbed about the inclusion of the twenty-five  
2 letters in the Appendix, from marijuana users and  
3 which largely went into their experiences. The chief  
4 result, he felt, of such unqualified letters would  
5 be to encourage the youth to try the drug when  
6 presented in this manner in an authoritative publi-  
7 cation by the Commission. We assure that we all  
8 agree that they do not present an appropriate scientific  
9 approach.

10           The kinds of letters that we were  
11 getting, the majority of which came to Mr. Blanchard,  
12 from across the country, and there were many, were  
13 complementary. I will just read one sentence: "I  
14 lost one of my sons through drug abuse, similar to  
15 Art Linkletter's daughter in California. He jumped  
16 from a high apartment building here in Vancouver,  
17 and I have also two other sons involved."

18           Another letter was from someone who  
19 came into the office and reported on a case with  
20 LSD, for example: "I was in hospital"-- the interesting  
21 part of that letter was that --"in serious condition,  
22 and he told me that his school had offered no formal  
23 instruction on the drug problem, but that his home-  
24 room teacher had conducted many discussions with  
25 them on the topic. But as he said himself, 'it seemed  
26 like he wanted us to try them rather than scare us  
27 away'." This is the inducement to try, and he has  
28 been in trouble ever since.

29           The matter of alcohol was discussed  
30 in the previous report and I think that stands.



1                   We accept the criticism of many youth,  
2                   however, that the behaviour of the parent -- and  
3                   Mr. Blanchard talks strongly about this -- that the  
4                   behaviour of the parent and adult population in  
5                   abusing drugs of many kinds is poor encouragement  
6                   for youth to refrain from using drugs on their own.  
7                   He was in the process, just before he died, of  
8                   arranging directives for a much tighter control of  
9                   illegal alcohol outlets and the illegal sale of  
10                  or provision of alcohol to minors. We intend to  
11                  pursue this, and at a later date more information  
12                  will be available.

13                         It is suggested by the government  
14                   that parental behaviour is such an important influence  
15                   on young life that we also encourage the Commission  
16                   to demonstrate in its findings the example parents  
17                   and adults must provide if we are to reduce the problem  
18                   of youthful drug abuse. It is interesting -- my eye  
19                   falls upon in Dr. Lundell's letter -- where he  
20                   comments that both youth and adults are engaged in  
21                   mutual intimidation.

22                         We recognize too the fact that the  
23                   church and religious faith can deeply meaningful to  
24                   a person and can provide support and encouragement  
25                   to finding more constructive routes for daily living.

26                         One suggestion that turned up was  
27                   from the New England Journal of Medicine, and another  
28                   person mentioned, that adding oil of mustard to glue  
29                   to prevent inhalation, because it causes irritation  
30                   and possible vomiting, as a preventative, might be





1 considered. That is now being done. It might be  
2 considered for other drugs. If emetics like ipepac  
3 were added in small quantities to all barbiturates,  
4 anybody taking too many would vomit. This would save  
5 many lives, many drug suicide attempts would also end  
6 by vomiting.



We also have recommendations for the government to look into advertising, availability and production of drugs, and there is a committee in this province, in which we are participating, which has been looking at the too-ready availability of certain drugs on drugstore counters, and so on. We would anticipate that your committee would undertake studies and make recommendations for a tighter control of some of the too-freely used drugs, either too freely advertised and available, and/or too freely manufactured, and/or too freely prescribed.

MR. COWAN: To close out the presentation on behalf of the provincial government today, we would like to close out our presentation with a section entitled, "Drug Education for Youth."

The controversy rages over the value and importance of drug education. There are those who say that the advertising efforts of the Federal Department of Health and schools to discourage tobacco use are of no value, because cigarette smoking has increased. This does not, we feel, necessarily reflect the future, since we have been advised by a consultant in adolescent medicine and have observed increasing numbers of children begging their parents daily, and sometimes tearfully, to stop smoking. This is a new phenomenon, and its effect is yet to be measured. We believe that education can be effective in the drug field -- if done carefully.

We are convinced that much of the pressure for increased freedom of drug use among youth



1 has come about because many of the youth do  
2 not believe that there is any harm in taking drugs,  
3 accompanied, sometimes, by an almost apostolic  
4 egotism in which they feel that they can handle  
5 anything available or find another drug to counteract  
6 the first one's adverse effects. On the strength  
7 of this we are acting on a comprehensive step-  
8 by-step progressive drug program from the  
9 earliest school age to the information available for  
10 parents of youngsters to train and emotionally  
11 educate youngsters so that they treat all the various  
12 drugs at their age with the appreciation with very  
13 great respect, and adequate understanding. This is  
14 intended to be part of total life education, not  
15 isolating drugs from life experiences. We will  
16 endeavour to keep in touch with those who have  
17 experience in this field to make certain that we are  
18 using factual information and effective techniques.  
19 We are doing this not to provide choices but to  
20 suggest that in our civilization, there are  
21 higher choices to be made than drug abuse.

22 Perhaps the most telling statement  
23 we have read recently is one by Alberta's Dr. Yonge  
24 in his article prepared for an American information  
25 letter entitled "The Psychotic Drug Craze". Writing  
26 about the basic violation, he declares that "the  
27 most fundamental detriment in the use of psychedelic  
28 drugs is that it violates the basic evolutionary  
29 principle of human growth and progress. The advent  
30 of civilized Man marked a new phase in the  
evolutionary process. He goes on to outline  
this in some detail. Man becomes unique, as Homo





1  
2  
3 Sapiens, in his capacity to determine the course  
4 of his behaviour by deliberate thought, by the  
5 exercise of his prodigious mental potential. He, and  
6 he alone, has the potential to free himself from the  
7 dominance of biological determinism by exerting the  
8 supremacy of the mental over the biological. And  
9 already, as young as Man is in the long course of  
10 evolutionary time, he has found means, mental means,  
11 by disciplining his thought, of enhancing and  
12 enriching his experience of life. He has developed  
13 ways of achieving "highs" in love, in great  
14 esthetic moments, particularly with music,  
15 great moments of insight and discovery in his work,  
16 moments of contemplative fusion with nature (in a  
17 forest, on a seashore, a mountain) certain athletic  
18 exercises, in quiet meditation and in religious  
19 devotion. These moments of exquisite happiness,  
20 free from doubts, fears, inhibitions, tensions,  
21 when self-consciousness fades, giving way to the  
22 sense of feeling at one with the Universe as if  
23 fused with it, belonging to it totally, these moments,  
24 these "highs", are the heritage of Homo Sapiens achieved  
25 by the exercise of his higher mental capacities. Only  
26 when he is sick in body does he need to resort to the  
27 "lower" biological means of restoration--biological  
28 devices, such as drugs, prescribed by medical  
29 science". "With this view of man's mental heritage,  
30 it is a distinctly regressive trend for our society,  
or any substantial segment of it, particularly in  
the vitality of youth, to reach "down" for the  
"lower" biological (biochemical) means of enhancing



1  
2  
3 their experience of life, instead of reaching for  
4 the heights of fulfillment in the higher exercise of  
5 our mental capacities. Individually, in his psycho-  
6 social development, Man grows from the predominance  
7 of self-gratification and dependency, with little  
8 regard for reality, to the predominance of self-  
9 determination and self-abnegatory involvement with  
10 others in society. Against this progression, the  
11 turning to "instant" biologically induced self-  
12 gratification, however grandly rationalized, is  
13 distinctly regressive--a reversion towards the  
14 primitive, the aboriginal. Consistent with such  
15 regression is the association between psychedelic  
16 drug use and reversion to the crude or primitive in  
17 language, sexual behaviour, and taste in music  
18 forms. To take his proper place in the evolutionary  
19 process, Man must set himself to develop his "higher"  
20 mental capacities, not dissipate them in regressive  
21 self-indulgence and dependence on the primitive  
22 processes of his constitution." . . . We believe in  
23 the integrity of the modern generation of youth.  
24 We have very great confidence and trust that they  
25 will make wise decisions providing they have an  
26 opportunity of examining carefully all of the facts.  
27 We believe that the vast majority of youth will  
28 understand and accept the need for governments  
29 to withhold legalization of potentially harmful  
30 drugs such as marijuana if the evidence and the  
reasoning are properly presented. We believe that  
youth centres, where required and if carefully and  
professionally handled, can be of assistance in





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3 dealing with the problem of drugs. Information has  
4 come to our attention, however, that more than one such  
5 centre in Canada has become a source of encouragement  
6 for the use of, and a distribution centre for drugs.  
7 Such centres are, in our opinion, only valuable  
8 if the supervision in local level is adequate and if  
9 the purpose of the centre is clearly that of  
10 helping youth not to become involved in drug abuse,  
11 as a part of a larger program to encourage a whole-  
12 some and creative participation in life, and this policy  
13 is being, in fact, followed. The fundamental answer  
14 to the abuse of drugs lies, we believe, in learning  
15 to find one's enjoyment and satisfaction in more  
16 creative ways throughout the processes of learning,  
17 living and working. Dr. John Griffin, Director of  
18 the Canadian Mental Health Association, says that  
19 youth's real problems are discouragement and  
20 alienation, leading to escape in a world of drugs.  
21 We insist that it does not have to stay that way.

22                   On this beautiful Island we have  
23 not yet lost our perspective, in spite of difficult  
24 problems. We still have many creative and positive  
25 values that are strong in the people: the love of  
26 countryside, the enjoyment of each other, the  
27 satisfaction of work, the involvement in family life--  
28 but we recognize that for the youth there must be  
29 more. We are therefore launched on a major economic  
30 and social development program in which the  
government provides a framework of programs and  
policies so that the individual, organizations,



co-ops, unions, businesses, youth and 'the Establishment' can participate in achieving important economic and human goals, such as those enunciated in the Act of Parliament which created the Economic Council of Canada: namely, full employment, rising standards of living for all Canadians, and improved distribution of increasing wealth, as part of a satisfying way of life.

We have also launched, for example, a broad program called Allied Youth. Allied Youth is a province-wide organization of 3,000 young people who provide for themselves creative opportunities through fellowship, education and recreation. Their belief is that education through fellowship, through the presentation of scientific information, through discussions and seminars, and through numerous other forms of interaction, will help individual young people to appreciate their own worth, dignity, abilities, and responsibilities in making meaningful choices in their own lives. Further advances in education and youth programs are presently being planned.

Many young people are caught up in old economic concepts, torn between the outdated words of 'capitalism' and 'socialism'; some even opt out for violence in order to produce a kind of state for which there is no evidence in history that it can be effective in fulfilling man's needs not only for material things, but for spiritual and emotional growth and the opportunity to be creative, and





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3 especially, free. We are vigorously seeking to  
4 "achieve a Socially Directed Market Economy" in which  
5 we make use of the unquestioned assets of a  
6 market system but surround that system with an  
7 appropriate circle of social policies so that with  
8 a combination of the market and the government  
9 in united effort we may achieve our social goals."  
10 Far too often today's youth are absolutely drowned  
11 in negativism, in the arts, modern theatre and the  
12 novel, journalism, TV and radio on the grounds that  
13 the negative in life must be reflected to the  
14 exclusion of more positive creativity. Meanwhile,  
15 the modern young person has a better chance for  
16 education partly because of the TV tube, although  
17 some of it is massive advertising to encourage the  
18 purchase of articles and ways of living which may  
19 be beyond the grasp of the ordinary persons, as well  
20 as instant news of world disasters and problems.  
21 His time in the university world is frequently  
22 characterized by a fierce questioning of every value,  
23 every institution, every authority. Is it any wonder  
24 that in such an overall negative climate some youth  
25 despair of the future and nihilism--the absence of  
26 any values or standards or belief--is bred. Forget  
27 not, however, that it was out of the 'nihilism' among  
28 the youth of post World War I Germany that Naziism  
29 grew. Nihilism is a vacuum and since, as the great  
30 philosopher Tilloch observed of this period in his  
native Germany, "a vacuum abhors a vacuum, and we  
must be concerned with what fills the vacuum". It





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3 should not be drug abuse. The clear, unfettered  
4 minds, enthusiasm and creativity of today's younger  
5 generation will be needed to the full in the monu-  
6 mental task of creating a workable world.

7 On behalf of the three  
8 assembled we would like to extend a very sincere  
9 expression of appreciation and thank the  
10 Commission for the attentiveness and captiveness  
11 of the audience over the past hour and a half. We  
do apologize for the delay in our presentation.

12 THE CHAIRMAN: Thank you very  
13 much, gentlemen.

14 At this point it is customary  
15 for me to invite questions and comments but it is a  
16 good deal for everyone's mind/<sup>or</sup>realm but I would  
17 just like to observe that we very much appreciate  
18 the effort that the government has put into making  
19 the submission to us. I do not know if there are  
20 any questions or comments. I think we want to under-  
21 stand the main force of the submission. It has many  
22 parts and many aspects. I should observe we took  
23 careful note of the suggestions--lines of enquiry  
24 suggested to us in the first submission. We did our  
25 very best to search them out and evaluate them. We  
26 will certainly do this again. I think that one of  
27 the difficulties is that it is very difficult in a  
28 public hearing, of course, to go into the detail of  
29 particular references to the report. We will certainly  
30 give Mr. Lundell's paper very careful study and go  
over it. I take it that the main thrust with



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3 respect to the law, if I may just clarify your  
4 position/<sup>on</sup> the law, is that while you recognized  
5 and made modification of the law for some certain  
6 use, cannabis, it should remain as an offense. Am  
7 I correct in that understanding?

8 MR. COWAN: An offense where it  
9 relates to trafficking and where it can be established  
10 that it relates to trafficking. In other words, from  
11 the police standpoint, the difficulty in establish-  
12 ing trafficking sometimes is related to--I believe we  
13 would have to leave it stand at that. It is sugges-  
14 ted that further investigation/<sup>be conducted</sup> on your part as to line  
15 of attack. Mr. Blanchard felt this was a reasonable  
16 approach.

17 THE CHAIRMAN: You do not insist  
18 that simple possession for use as not related to  
19 trafficking continue to be an offense?

20 MR. COWAN: Mr. Blanchard's  
21 position last year is that there is to be one or two  
22 offenses permitted. If you go beyond that you are  
23 getting into another question of where a judge  
24 would have to decide what is going on. But first  
25 and second offenders in a youngster, we certainly  
26 do not want to impair him with a disastrous court  
27 record or jail sentence. That is not the aim. That  
28 was very clear.

29 THE CHAIRMAN: Criticism was also  
30 directed to our general recommendation concerning  
imprisonment for simple possession for use. In the  
Interim Report, we recommended no one should be





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3 imprisoned for simple possession for use of any drug.  
4 We made that recommendation regardless of the potential  
5 for harm and regardless of what alternatives might  
6 be available. That is why we felt it was not a  
7 sound social policy to imprison people for use.  
8 I want<sup>you</sup>/to understand the recommendation. I want to  
9 understand what is your view. Do you feel that  
10 imprisonment should be retained as a penalty for  
11 simple possession for use of certain drugs?

12 MR. COWAN: The Department had  
13 discussed the question of mandatory confinement  
14 recognizing the fact that going to jail is no cure  
15 for drug taking, when we deal with addicts and  
16 that possession where it related to trafficking, of  
17 course, is a jail sentence. I must confess I did not  
18 hear entirely what you said. The point you were  
19 making.

20 THE CHAIRMAN: I will try to put  
21 it more clearly. I want to know what your--since  
22 criticism is directed to our recommendation that there  
23 be no imprisonment for use, in effect, for simple  
24 possession for use of any kind, I want to be clear  
25 that you consider imprisonment should be retained  
26 for possession of certain drugs.

27 MR. COWAN: Yes, I believe they  
28 were referring to the tougher drugs. There should be  
29 imprisonment for tougher drugs.

30 THE CHAIRMAN: In your opinion,  
should imprisonment be a possibility for simple  
possession of LSD?



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3 MR. COWAN: I do not believe they  
4 separate one drug from another. You have to make  
5 the assessment of how harmful LSD was and we didn't  
6 attempt to go into that. Where you could have a  
7 clearly harmful social drug, such as the nature we  
8 are talking about such as heroin--I think that is what  
9 was fixed on the Minister's mind when we discussed  
10 it--heroin was fixed on his mind. Certainly a fine  
11 for a person who is caught with heroin on him means  
12 nothing because he could just be taking it to sell  
13 to someone. If you accept heroin as a dangerous  
14 drug and society doesn't want the widespread use of  
15 it, then clearly putting a person on a fine of \$100  
16 means nothing. You haven't done anything to deter  
17 it. If I was a pusher for heroin with that, I  
18 think I would just walk onto the street and sell  
19 one package at a time, and take a \$100 fine.

18 THE CHAIRMAN: That was not to  
19 apply to trafficking. Trafficking was still to be  
20 governed by the existing penalties in the law.

21 MR. COWAN: You are picking a man  
22 up for having enough on him for his own use, which is  
23 possession. If I was a trafficker in drugs and  
24 there were heavy penalties for trafficking but not  
25 for personal use; if I were trafficking heroin or  
26 speed, for example, I would be careful to carry on me  
27 only what was legally enough for one person's use.  
28 So if the policeman picked me up I would only have  
29 enough on me for possession but I only had it  
30 because I was going to sell it to some guy. I am not



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3 caught for selling it but caught for possession.  
4 In other words, the real trafficker could not be  
5 touched in the very hard drugs if you just give him  
6 a \$100 fine. You would never catch him.

7 MR. LEHMANN: Couldn't he be  
8 followed by policemen and established he picks  
9 up another package (in another place) and sells it?

10 MR. COWAN: You might and you  
11 might not. With mandatory treatment centres I think  
12 you are into another business. If you establish a  
13 person has been picked up for use of heroin, I  
14 think<sup>under</sup>/the French law, he is automatically and  
15 mandatorily goes to institution for treatment, if  
16 he is carrying heroin for his own use. Since there  
17 is no facility for it,<sup>and</sup>/I think it was brought out in  
18 the B.C. submission as well-- the fact we don't  
19 have institutions available for use at the moment  
20 leaves you no recourse but jail until such time as  
21 there are institutions. However, I am sorry. I  
22 think this is a matter beyond my competence.

23 THE CHAIRMAN: I just want to  
24 understand your submission. As directed to our own  
25 recommendations, I want to understand what your  
26 submission is. One thing should be clear. This has  
27 not affected the law respecting trafficking and if  
28 the man is found in possession and proof can be made  
29 of the trafficking, the law respecting trafficking  
30 applies. It is not a suspension of that law that is  
involved.

MR. COWAN: From any dangerous





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3 drug you take away from the authorities the very real  
4 important tool that they have to stop the dangerous  
5 drug. What has the man got it for. If he can  
6 establish he is using it for himself, we pick him up  
7 once. And if you add a method of mandatory confine-  
8 ment if he is an addict himself. That is fine. We  
9 don't have that. We have no alternative.

10 THE CHAIRMAN: That is a further  
11 clarification to your position. You feel that  
12 imprisonment should be retained for simple possession  
13 for use unless or until we have compulsory treatment.

14 MR. BOSWELL: Yes. I think  
15 that is the position of government, sir, yes, that  
16 we cannot subscribe to the reference in the Interim  
17 report<sup>of</sup>/a \$100 penalty as described in the report,  
18 but we do advocate very strongly some mandatory  
19 confinement to a treatment institution, and we also  
20 recognize the need in some rare cases where imposing  
21 of some imprisonment.

22 MR. LEHMANN: You would not  
23 subscribe to the British position of no charge for  
24 possession but the possibility of anyone who wants it  
25 to get treatment or continued sustained drug  
26 maintenance.

27 MR. COWAN: We haven't seriously  
28 looked into that. I hesitated to get into this at  
29 all with you because some of these things were just  
30 not possible to carry further.

I think there would have been some  
further remarks on it. If you wish us to submit a



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3 letter on that, perhaps there could be some  
4 discussion in the Department and further clarification.  
5 We have no authority to commit the Department on this  
6 date.

7 MR. CAMPBELL: I wonder if I  
8 could come<sup>back</sup> to the matter of compulsory treatment. I  
9 take it in the brief you favor this approach if  
10 facilities could be created. I wonder if you would  
11 expand somewhat on the reasons for, I take it,  
12 optimism about compulsory treatment approach. And  
13 the type of facility you feel should be developed?  
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1 MR. BOSWELL: I would appreciate it  
2 if you would clarify that last statement. I did not  
3 quite catch that.

4 MR. CAMPBELL: There were two points.  
5 One, I take it that you feel some optimism about the  
6 use of compulsory treatment. I would like to under-  
7 stand better your reasons for this approach that you  
8 made. Secondly, I would like to understand the  
9 type of compulsory treatment that you can in mind.

10 MR. COWAN: Perhaps I could touch on  
11 this. It was not looked at in the recommendations,  
12 but we could draw your attention to the experience  
13 of France, and we suggest this be considered. We  
14 did not have the competence to deal with it in the  
15 full way that would seem reasonable, and I believe  
16 that that is an area for further study, to look into  
17 this area.

18 THE CHAIRMAN: That French law  
19 was only given first reading at the end of June,  
20 I believe, so that ---

21 MR. COWAN: It has not been implemented  
22 yet, I see.

23 THE CHAIRMAN: No, I am not sure, but  
24 I was there, and I discussed it with them, and it  
25 was after the first reading; but there would not be  
26 much in the body of experience for a while.

27 MR. COWAN: This is the difficulty.  
28 I don't know how you can approve it. Certainly, a  
29 person who is a confirmed addict -- I would take it  
30 that the judge would be deciding, "You might be



1 better off in jail." It might be the cheapest  
2 way to keep them, through numerous institutions.  
3 You might have no other alternative, and we have  
4 left the jail to the judgment of the judge.

5 DR. LEHMANN: I was just going to say  
6 that I think the French<sup>-- you</sup>/should also keep in mind that  
7 they consider drug dependancy like a contagious disease  
8 and they want to protect the public. So, it is not  
9 so much the treatment aspect or the punitive aspect  
10 as the protection of the public. And as you just said,  
11 perhaps the best for them, then, is in custodial care  
12 forever.

13 MR. COWAN: I think, in answer to your  
14 earlier question, that in all fairness it seems  
15 reasonable that although it is often difficult to  
16 give treatment an opportunity, you never know if it  
17 is going to catch. I think there has been a lot of  
18 successful treatment but it is a slow process.  
19 Some of the heroin treatment that is going on, in  
20 New York; it is a slow process, but there has been  
21 some success, and we don't know when drugs may break  
22 through to be helpful in treatment of these things.  
23 So, I would tend to think that we should not lose  
24 some optimism that something can be done, for at least  
25 some, by mandatory confinement if the facilities are  
26 appropriate.

27 MR. BOSWELL: I think this, in summation,  
28 is our position, that we advocate that treatment  
29 facilities be available and some mandatory kind of  
30 confinement is the proper approach.



1 MR. CAMPBELL: In that context, and  
2 I think I am clear that you would use compulsory  
3 treatment with heroin, <sup>and</sup> / I think you said with speed.

4 MR. COWAN: I mention speed if one takes  
5 the position that speed is quite a dangerous drug, if  
6 one takes that position.

7 MR. CAMPBELL: Well, we certainly do.

8 MR. COWAN: I do to, but some people  
9 say it isn't, and I agree, but I am not competent to  
10 make that judgment.

11 MR. CAMPBELL: I am interested in what  
12 you feel the criteria for applying compulsory  
13 treatment might be. This would apply in some cases  
14 with heroin, <sup>with</sup> / the factors of addiction being estab-  
15 lished; in other areas, compulsory treatment is applied/  
16 of a psychotic state, for instance.

17 I am wondering whether, in the case of  
18 drug use, are you thinking of compulsory treatment  
19 only in cases such as these where there is addiction,  
20 or where the person has a clear, demonstrative illness,  
21 or would you be inclined to think of the fact of drug  
22 use per se as proper grounds for compulsory treatment?

23 MR. COWAN: We would be glad to con-  
24 sider that at length and write you a letter.

25 MR. CAMPBELL: It is rather an important  
26 issue.

27 MR. COWAN: I quite agree with you.  
28 We make no pretence that we have considered all of  
29 the problems that we have at this stage of knowledge,  
30 to make some judgments which are, to some extent, a





1 guess, and to some extent, experience, and to some  
2 extent, common sense. And, I think that much more  
3 research in this field is going to be necessary to  
4 answer some of the questions you have raised.

5 MR. BOSWELL: I think that, perhaps  
6 what Mr. Campbell is suggesting, whereby we have an  
7 opportunity to research this, we are not competent  
8 in this area and we fully recognize this ourselves,  
9 and, in fact, we intend to do a great deal more study  
10 and research.

11 MR. CAMPBELL: May I take it then  
12 that we can look forward to hearing from you on this  
13 matter?

14 MR. BOSWELL: Yes.

15 MR. COWAN: Providing we find something  
16 worthwhile.

17 MR. CAMPBELL: We will leave that to  
18 your judgment.

19 In the latter part of your brief, you  
20 refer to the need for, I think the phrase was, "pro-  
21 fessional supervision" with respect to various  
22 innovative services. Can you expand a little bit on  
23 the kind of supervision and the type of direction  
24 which you think is appropriate?

25 MR. BOSWELL: Yes. I think we are aware  
26 of the fact that there have been some rather unpleasant  
27 experiences in terms of youth agencies particularly,  
28 with respect to the kinds of supervision and leadership  
29 provided, and in many, many cases, the environment  
30 and atmosphere of these youth agencies, these youth



1 centres, and we referred to them as "youth centres"  
2 in our submission; that the atmosphere and environment  
3 of these has, in fact, precipitated in some instances  
4 the abuse of drugs rather than some kind of wholesome  
5 type of atmosphere that would, in fact, be a deterrent  
6 or act as a preventive measure to drug abuse.

7 MR. COWAN: If I may just add to that,  
8 I think we are all agreed that both in your interim  
9 report, and in our submission dealing with drugs,  
10 apart from the whole total business, it is unfortunate  
11 that in any centre it is -- have we lost our mike  
12 here? That might be just as well -- his judgment  
13 of the sense we are making -- but, could we have the  
14 mike here?

15 But that any centre, I think from all  
16 that we have read, from what we know, would involve  
17 the total life, where many creative things of interest  
18 have captivated the interests of people, where persons  
19 finding a problem with drugs could get both sympathy  
20 and somebody professionally, extremely knowledgeable  
21 who could spot the problem and see that they got  
22 professional treatment.

23 Now, some people--there is a  
24 strong case made by a number of people, that it  
25 should be purely appropriate clinics with the  
26 time and atmosphere of such. Other people feel  
27 there is a place for strictly youth centres where  
28 you feel at home and they are participating, and so  
29 on. There are arguments both ways.

30 MR. CAMPBELL: In your brief you made





1 the statement that "youth centres, where required  
2 and if carefully and professionally handled"-- down  
3 to the lines, "Such centres are, in our opinion,  
4 only valuable if the supervision is adequate and if  
5 the supervision is adequate and if the purpose of  
6 the centre is clearly that of helping youth not to  
7 become involved in drug abuse...".

8 Now, if this is the view of many of  
9 the centres, that they emerged rather spontaneously  
10 within the youth culture, and the people who have  
11 developed them have used a great deal of lay people,  
12 I am wondering what the policy implications of  
13 your statement are. Can you envisage appropriate  
14 governmental action, a supervisory approach, or what  
15 would the implication of compulsory treatment be?

16 MR. BOSWELL: I don't think that at  
17 this particular point in time we have reached any  
18 kind of judgment that is in fact government policy  
19 at the present time, but some judgments by officials  
20 have been passed on, but we have not at this  
21 particular time reached any particular judgments.  
22 I think it is sufficient to say, for the moment,  
23 that, as I said before, we do recognize that there  
24 is a need for some improved professional leadership,  
25 and supervision, in some of the centres, and that  
26 in point of fact it may well be that government  
27 policy to improve this leadership will be an  
28 inevitable outgrowth of the kind of unpleasant  
29 experience I have referred to before, and I don't  
30 care to use any illustrative examples for the moment.



1 But, I think, be it suffice to say that we have had  
2 some familiarity with some rather unpleasant experiences.

3 MR. COWAN: I would just like to add  
4 this, that I think one essential would be a medical  
5 person close to the centre, who was accepted by the  
6 youngsters and who, at the same time, was very knowl-  
7 edgable with the problem of dealing with the ordinary  
8 issues of drugs, and sympathetic and helpful in taking  
9 youngsters out of this problem -- this would be  
10 essential. We can't go beyond that. I am not really  
11 competent to go beyond that at this point.

12 DR. LEHMANN: What would your opinion  
13 be of this medical person supervising such a centre --  
14 <sup>he</sup> would/have to be definitely opposed to the use of all  
15 drugs and also aim at withdrawing the use of all drugs  
16 by those that would attend the centre?

17 MR. COWAN: That is a very important  
18 point.

19 DR. LEHMANN: Well, you have not  
20 answered my question. This was, would you think that ---

21 MR. COWAN: I have agreed with you.  
22 It is an important point.

23 THE CHAIRMAN: Gentleman at the  
24 microphone?

25 THE PUBLIC: Could I ask the representatives  
26 if they have ever been in one of these innovative  
27 services that they are making so many recommendations  
28 about, and if not, how can they possibly make recom-  
29 mendations from reading. It is like somebody trying  
30 to play bridge by reading Goren and not getting any



1 experience.

2 --- (Applause)

3 MR. COWAN: I was very careful, Dr. Brown,  
4 to keep away from trying to get into this professional  
5 thing. The gentleman in the audience here at the  
6 front table got us into this and I was rather hoping  
7 that you would come to the rescue, because I think you  
8 have more professional experience in this than anyone,  
9 and frankly, Dr. Brown, I think that your judgment  
10 would be extremely valuable in this whole matter,  
11 and we would be content, I think, to be swayed some-  
12 what by your judgment, and that is why I am backing  
13 off this because we don't have that competence. We  
14 are here to suggest this care, and competence. It  
15 is a basic matter that drugs should not be more  
16 widely spread. It must follow from that that  
17 government and any project that it was involved in,  
18 would not be involved with illegal drugs.

19 DR. LEHMANN: No, but certainly there  
20 are drugs which are badly abused, such as speed, which  
21 are not illegal.

22 MR. COWAN: One is assuming that there  
23 is an understanding of what is harmful --illegal, and  
24 harmful, I think we would have to look at that, yes.  
25 You are quite correct.

26 THE CHAIRMAN: What do you feel should  
27 be the object of drug education?

28 MR. COWAN: I think that is spelled  
29 out in the brief.

30 MR. BOSWELL: I think, Mr. Chairman,





1 that at this particular point in time, that we are  
2 doing quite exhaustive kinds of work at committee  
3 level to try and chart a course for our own purposes  
4 and our own use in terms of what we think is an  
5 acceptable approach in terms of drug education. I  
6 think also at this point in time, it is probably  
7 premature to know just what type of approach with  
8 respect to education should be used. I do think that  
9 probably a factual, scientific kind of dissemination  
10 of information is, perhaps, what we are after, but  
11 certainly, I don't think that we, as a group here,  
12 for a moment advocate that we have any answers to terms  
13 of the kind of approach that should be used in drug  
14 education, except to say that we do believe that  
15 there is some deterrence in terms of wholesome kinds  
16 of physical recreational activities to perhaps in  
17 some way provide some opportunity for youth to identify  
18 socially and gain social acceptance without being  
19 involved, probably, in terms of drug abuse. And I  
20 would leave it at that.

21 THE CHAIRMAN: The question I was  
22 asking is, what should be the object of drug education,  
23 in your opinion? What should you be attempting to  
24 do by it?

25 MR. BOSWELL: I think the object, as  
26 we have spelled it in here, is to substitute better  
27 ways for youngsters and drug users.

28 THE CHAIRMAN: These are alternatives  
29 to drug use -- drug education that suggests  
30 alternatives to drug use?

MR. BOSWELL: One aspect of it, yes.



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3 THE CHAIRMAN: What are the  
4 other aspects? This is an important matter. We  
5 have received a substantial brief here and would like  
6 to benefit from your advice on this matter. This  
7 happens to be a matter we have to wrestle with.

8 MR. BOSWELL: As I said a few  
9 moments ago Mr. Chairman, the drug education approach,  
10 at least in our Province, is currently under study.  
11 We have not made any final decision in this regard  
12 yet. We haven't established any policy or implemen-  
13 ted any policy in this regard, but we are working on  
14 it at the present time and we hope that with the kind  
15 of accumulative information we are getting that in the  
16 not too distant future, we will be able to decide  
17 in terms of what, if any, approach we should have  
18 in education. Particularly through the school  
19 system.

20 As I said before, Mr. Chairman,  
21 the key word in block letters, as we see it from  
22 where we sit in the Provincial office at the present  
23 time, is that it is premature at this time to know  
24 just exactly what course we should take in this  
25 respect. There is this element of uncertainty.  
26 There is no black and white to it. There is still  
27 very much of a grey area.

28 THE PUBLIC: The course you should  
29 take is to find out everything you can possibly find  
30 out about drugs. In other words the truth, and then  
just make it available to the people.

THE PUBLIC: In this presentation





1 of the tape. I can't accept it, really. Any  
2 experiment I conducted in high school labs always  
3 sought to establish a norm and we do not even know  
4 the capability of this driver beforehand. And we  
5 do not know of any cross-section of anyone else  
6 driving in the same condition. I think he has only  
7 given us part of the information in the way it went.

8 MR. COWAN: On the tape, Dr.  
9 Davis -- this came from one of our senior medical  
10 people. Dr. Davis is a doctor of legal medicine and  
11 he sent this out as a very serious look at the  
12 problem that this was an indicator that a heck of a  
13 lot more was necessary to know. He was satisfied  
14 that this was a fair experiment and these were youths  
15 he had known who had been taking drugs on and off.  
16 They were not amateurs. He qualified in the end of  
17 the tape that he knows exactly what drugs they took.  
18 If you would like to listen to another hour of that  
19 distorted tape we could turn it on. It is qualified  
20 in the tape and I happen to know he has also sent the  
21 Commission a copy, which you may not have seen yet,  
22 sir. If you will ask your people to run it off ---  
23 It is quite an exercise in the secretary's ability  
24 to tape above that noise and catch all the earlier  
25 commentary. But I think we have to accept this was  
26 a serious experiment presented by a very capable man.  
27 We cannot argue for or against it.

28 THE PUBLIC: From your information  
29 from countries like Greece, India, France and the  
30 United States, and you mentioned you do not know



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3 very much about the program in England-- I fail to  
4 see how you can draw information from places like  
5 Greece and India and communications are very hard to  
6 maintain. Whereas in England they have a very wide  
7 program on drugs. They know what they are doing  
8 and seem to know a great deal more than we do.

9 MR. COWAN: This was brought in  
10 because Dr. Schwarz was familiar with that field  
11 and Dr. Goodwin suggested that there should have  
12 been a little more attention paid by the Commission  
13 to the long several hundred years of knowledge in  
14 these countries and the fact that so many of them  
15 are trying to stop the use of them because they  
16 have brought social harm. We present that from our  
17 advisers and I am sure that Dr. Schwarz could  
18 argue his case very well if he was here.

19 DR. LEHMANN: May I make one  
20 comment. With regard to Dr. Schwarz' criticisms  
21 about the lack of attention to the statement of the  
22 Indian psychiatrist at the end of the last century--  
23 that a great deal of their psychotic disturbances  
24 and whatnot --we have had in the last few years a  
25 good deal of opportunity to see post-graduate  
26 students from India coming here and in the United  
27 States and several of our staff have talked to them  
28 about what is going on in India now, 70 years later or  
29 so, and they still have a great number of diagnoses  
30 made of people being insane because of smoking hashish  
or marijuana, but they immediately add that, of  
course, this diagnosis has to be taken with much more



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3 than with one grain of salt because they have very  
4 new staff there and they are extremely still  
5 unsophisticated with regard to making diagnoses and  
6 these people who have worked in these hospitals and  
7 now have post graduate studies here have said  
8 they would not accept any of them simply because many  
9 people smoke marijuana and there is no time to make  
10 diagnosis and say this is psychosis due to marijuana.  
11 There was some reason to suspect the validity of  
12 these Indian statements at that time, anyway.

13 MR. COWAN: Both these doctors  
14 raised these points and you would have to discuss  
15 that with them.

16 THE PUBLIC: The point I would  
17 like to make <sup>about the</sup> <sup>that for</sup> is/suggestion/possession of such drugs  
18 as heroin, speed, that a person be kept in jail. Are  
19 you aware of the conditions of the jails in Canada?  
20 In this Province? In this town?

21 MR. COWAN: I think we have all  
22 been recently more than aware of the pictures in  
23 the local paper of conditions of jails. I think  
24 the best game is to stay out of them.

25 THE CHAIRMAN: Gentlemen, I think  
26 we have kept these gentlemen a long time and we  
27 have some other submissions. I thank you all very  
28 much.

29 MR. BOSWELL: In closing Mr.  
30 Chairman, we do appreciate the time given to us  
and we hope the Commission will recognize the fact  
we do not speak with competency. We have just





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3 simply prepared the paper and we have done some  
4 research in doing so. If there are any quarrels on  
5 the part of any members of the Commission with that  
6 paper, we would suggest a meeting and you could take  
7 up your points, as outlined in our submission, with  
8 the sources from whom we acquired our information.

9 THE CHAIRMAN: Thank you gentlemen.

10 THE PUBLIC: We have just  
11 listened to an hour and a half speech here submitted  
12 and I think there are probably a lot of people who  
13 have something to say about what has been said and  
14 produced. I think a lot more dialogue is necessary.

15 THE CHAIRMAN: We are very easy  
16 about time here. We can stay to the end of the list  
17 of submissions. Last night it was midnight at  
18 St. John. There is no sense of an anxiety about  
19 time up here at this table. These gentlemen--I do  
20 not know what their time commitments are. They were  
21 scheduled to appear at 2:00 and they did. I was  
22 going to call the next submission at 3:30 and it is  
23 now 5 to 4. But if you are easy gentlemen, we  
24 would prefer to offer a full opportunity for comment,  
25 if you can remain.

26 MR. COWAN: For a short time,  
27 Mr. Chairman.

28 THE PUBLIC: I would like to  
29 hear your ideas on this legal point in regard to  
30 the separation of laws for possession and traffick-  
ing. I think they are now a bit meaningless with  
regard to, for example, smoking of marijuana and  
hashish. because of the nature of the way the drugs are



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3 taken, because the passing of a marijuana cigarette  
4 to another person is construed as trafficking under  
5 the law at this time. I do not know of anyone who  
6 smokes marijuana by themselves. Surely there is no  
7 real separation. Everyone who smokes traffics. The  
8 law is meaningless in that sense. Do you think  
9 there is a change necessary in the law?

10 MR. COWAN: I did not understand.  
11 Could you perhaps help us with this question, Mr.  
12 Chairman?

13 THE CHAIRMAN: You didn't hear  
14 his question? I'd rather not rephrase his question.  
15 Would you like to take another crack at your question?

16 THE PUBLIC: What I was saying  
17 is simply as the law stands now, the separation of  
18 the law against possession and the law against  
19 trafficking of drugs, particularly marijuana, hashish  
20 as it is reached now, are basically meaningless  
21 because everyone who possesses does traffic as the  
22 law is now. It is <sup>an</sup> extreme rarity for a person to  
23 smoke marijuana or hashish by themselves and,  
24 therefore, if they pass the marijuana cigarette to  
25 another person with them, that this is trafficking.  
26 So there is no meaning for separation. There can  
27 be no meaning made.

28 I personally feel that if both  
29 of these are to be illegal, the illegal separation  
30 is a person selling drugs; that constitutes  
trafficking. And the person giving away--or things  
like that, that should be construed as basic





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3 simple possession. That separation is not now made  
4 by the law. This might eventually exclude all  
5 persons who possess as traffickers. I would like  
6 to know what you think about that. Do you understand  
7 it?

8 MR. COWAN: Partly. This steps  
9 into Dave's field here. But looking at some  
10 material we had in the office the other day, and I'm  
11 sure you have a coffee of it--copy of it. How do you  
12 get coffee, Mr. Chairman, when you are drowned by  
13 all of the words over an extended period of time?

14 THE CHAIRMAN: How do we get  
15 coffee? We have a very solicitous and attentive  
16 secretary. Would you like a cup of coffee?

17 MR. COWAN: We are trapped here,  
18 as well as you are. This is not intended to mean  
19 that we are prepared to stay all day.

20 I think that some of the problems  
21 are very real around this question and we do not  
22 make any pretense to say, and I respect the gentleman's  
23 position on this, that you cannot answer all the  
24 problems easily. We were looking at this material  
25 that came in from Mr. Haskin, who was recently head  
26 of the Alcohol and Drug Foundation in B.C. and  
27 offered a brief on the need for a national plan  
28 and I think perhaps you will find it amongst your  
29 various documents that will come in. He has done an  
30 interesting study and one reason we didn't have some  
of these things is that it hadn't been done. Your  
suggestion of drawing the line between what is



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3 possession and what is trafficking, he has developed  
4 a fairly elaborate system working with a variety of  
5 officials and users,<sup>and</sup>/suggested for instance, that  
6 heroin, that possession would be under 24 capsules.  
7 Marijuana, one ounce, and so on. It goes to  
8 amphetamines, 24 tablets, barbiturates, 24 and  
9 hashish, one gram. We merely note that some  
10 people are giving this some attention. As to how  
11 to differentiate between trafficking and possession,  
12 it is not an easy problem and it requires much  
13 more study than it has been possible to give it.

14 MR. BOSWELL: Further to the  
15 comment made by Mr. Cowan, this is true, that in  
16 this particular report as prepared by the Executive  
17 Director of the B.C. Foundation on Addiction, he is  
18 suggesting some proposed line of demarcation between  
19 possession and trafficking in terms of amounts and  
20 I would refer the gentlemen who has the concern in  
21 this particular area to this report, it is one you  
22 might be interested in acquiring.

23 THE PUBLIC: What is the date  
24 of that report?

25 MR. BOSWELL: The date of this  
26 report is September of 1970. It has just been  
27 released over a month ago, so it is obviously up-to-  
28 date and it does suggest some arbitrary barometer  
29 for some line of demarcation between what should be  
30 considered as possession and what should be  
considered as trafficking in terms of amounts for  
the various drugs. He goes on to list them in  
a chart in terms of heroin and so on.



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3 THE PUBLIC: In regards to separa-  
4 tion of amounts possessed, I would like to hear some  
5 idea of what is "giving". The way marijuana is smoked  
6 you firstly have to traffic to possess. I would  
7 like to hear your opinion on that.

8 MR. COWAN: I believe Mr. Haskin  
9 has also referred to this. I refer you to this  
10 study<sup>which has</sup>/been done, of people taking this position, and  
11 there are more coming. It is a difficult position and  
12 we respect your raising the question very much.  
13 It is not an easy question and there is a feeling  
14 that we are not sympathetic to the person who is  
15 involved in drugs. I can say with very great  
16 personal concern that in my own family's circle of  
17 friends, there have been some desperate tragedies  
18 and I mean desperate. There is no point in  
19 revealing them here or giving the details, but it is  
20 an honest concern for kids, for the rest of their  
21 lives, who are finished because of what they have  
22 done to themselves. We are not here because we are  
23 trying to knock anybody. My goodness me, I have kids  
24 of my own. I have given my life to kids in many  
25 different ways and we are concerned with this as a  
26 problem and I respect your concern and your interest  
27 very much. We all do.  
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1 THE PUBLIC: Well, I would like to  
2 add one thing. I think that a lot of problems of  
3 drugs have come out of concern. For example, I think  
4 a lot of the drug problem in the United States is  
5 caused by <sup>the</sup> overzealous work of the Narcotics Depart-  
6 ment which -- they were concerned, they hoped to do  
7 the right thing but they made it worse. So, I would  
8 hope that most people are concerned, <sup>that the</sup> but/concern be  
9 in the right place.

10 MR. COWAN: You mean both concern  
11 and some method of wise judgment in the matter?  
12 I agree completely. I have no basis of knowing  
13 honestly, for certain, whether your judgment of the  
14 Narcotics Control operation is correct. I have no  
15 way of knowing. I presume you have ample scientific  
16 evidence to establish that.

17 THE PUBLIC: Let us put it this way.  
18 It is entirely possible.

19 MR. COWAN: It is entirely possible.

20 THE PUBLIC: I would like to say one  
21 other thing about finding facts and finding out how  
22 much we can, and a lot has come from people talking  
23 from direct experience, and making it available to  
24 those who are interested. It seems to me that a lot  
25 of people involved in this are a bit narrow. Because  
26 of their concern, they think that, for example --  
27 for instance -- this is my own opinion, but, if the  
28 person is serious about the use of drugs ---

29 I think that our approach to drugs  
30 is very dangerous and there is a dangerous way of



1 using them, but I think I personally feel that they  
2 probably do this (portion inaudible). I think  
3 that most of the kids you talk to feel this way, and  
4 there is a whole different attitude. And if you say  
5 there are ill effects they will not listen to you  
6 because they know better. The only way to deal with  
7 it is honestly.

8 MR. COWAN: For example, the youngsters  
9 at the University of Miami, who were responsible  
10 for the tape -- it was put together because their  
11 stupid professor kept asking them, "How do you know  
12 what is happening when you drive?" And they had  
13 looked over all the experiments that had been done  
14 and realized that there really wasn't yet any adequate  
15 knowledge, so they just broke all the rules and went  
16 straight to the thing and said, "We'll try it".  
17 They took a tape recorder and said, "We will record  
18 our reactions". So that is just one experiment.

19 But, as I say, this lent a note of  
20 caution, and it is because these kids were concerned.  
21 I think a lot of the kids are concerned. The girl  
22 who came to see us was concerned because of what she  
23 saw in her own friends.

24 May I say this, that almost invariably,  
25 people who come to the Department, who are smoking  
26 marijuana, felt there was no harm in it. One said  
27 he had decided to read up on it and found no harm  
28 in it whatsoever. This is one of the problems. Here  
29 we are wrestling with the problems, to establish the  
30 extent of the harm, and yet it is so easily accepted





1 that there is no problem. It is really to clarify  
2 this point, that there is a very, very substantial  
3 body of opinion that says there are some very, very  
4 serious things about it, and we had better be darn  
5 sure what they are before we make this more widely  
6 available. We are not kidding about that, and they  
7 are not kidding. We would not have bothered at all.  
8 We have a heck of a lot of other things to do. But,  
9 I am concerned, I have children, and I hope you will  
10 have some day and you will be concerned. I just want  
11 to know what they are getting into and we have got  
12 to find that out together. This is no criticism of  
13 youth. It is more a criticism of the adult world.  
14 I presume we are adults here. We are trying to find  
15 out. This is something we have to find out together.  
16 Respect us. I respect your concern and you respect  
17 us and we will get along just fine.

18 THE CHAIRMAN: I think we should call  
19 the next submission. You have had an opportunity to  
20 express your general views on the subject, but I think,  
21 if you don't mind, I should call the next one now.  
22 There are several submissions to conclude before  
23 suppertime, but you will have the opportunity to go  
24 on further. I think I should release these gentlemen  
25 now.

26 Don't feel cut off. You have views  
27 to bring out, but I think I should move on to the  
28 next scheduled submission; that is all.

29 THE PUBLIC: I think a lot of dialogue  
30 is needed on this issue, but I realize that there is a



1 lack of time and you have to get to the other people.  
2 But, a dialogue is necessary.

3 THE CHAIRMAN: Well, you just sit back  
4 and have a seat. Okay?

5 THE PUBLIC: Okay.

6 Dr. Kenneth Parker, Superintendent of  
7 Schools, and Miss Mable Matheson to speak for Char-  
8 lottetown School Principals.

9 DR. PARKER: Mr. Chairman, members of  
10 the Commission, ladies and gentlemen. Mercifully,  
11 this is a very brief presentation. It is not so much  
12 a presentation, but more of a statement of concern  
13 as represented by my profession which is education.  
14 Associated with me, as mentioned, is Miss Matheson,  
15 one of our elementary school teachers in the city.

16 In view of the fact that the Commission  
17 was meeting here, and in view of the fact of our  
18 intense concern expressed over many months, years,  
19 actually, to this problem, we felt that this statement  
20 may serve a useful purpose and here it is:

21 As a professional group of school  
22 administrators in this district we were impressed  
23 with the depth of study contained in your interim  
24 report as released on May 15, 1970. At the same time,  
25 we remain disturbed and considerably confused in  
26 interpreting the diverse reaction of various segments  
27 of the Canadian public since that date.

28 One of the main areas of our professional  
29 concern and responsibility is the development of  
30 curriculum material pertinent to the various maturity



1 levels of the people in our schools. As is generally  
2 known several of the larger metropolitan centres  
3 have been engaged in varying degrees of success, in  
4 positive programs of drug education, during the past  
5 two or three years. Our collective and individual  
6 concern for providing objective and relative curriculum  
7 material is based on the simple premise that we are  
8 all living, young and old, in a drug oriented western  
9 society.

10 In assembling any valuable material,  
11 sources of reliable information, we feel that we must  
12 remain sensitive and alert to the fact that there is  
13 still a minimum of documented research to validate  
14 presently held assumptions about the use and abuse  
15 of drugs. Some of these may well be proven to be  
16 not only irrelevant, but totally false. Consequently,  
17 every care and consideration must be given before  
18 making authoritative statements and giving guidelines  
19 to intelligent and sensitive teenagers.

20 It is in this setting that we wish  
21 to record our complete agreement with some of the  
22 recommendations, implied and otherwise, as contained  
23 in your report, with particular reference to the  
24 status and use of marijuana and other so-called "soft"  
25 drugs.

26 We were particularly dismayed to  
27 observe that it was deemed appropriate to include  
28 in your appendices, under Appendix B, letters from  
29 private citizens, many of whom attempted to describe  
30 real or imagined beneficial results received from the





1 use of such drugs. No doubt, such citizens were  
2 quite honest in the expression of their views.  
3 However, we respectfully suggest that it would have  
4 been just as logical to include similar letters from  
5 alcoholics, heroin addicts, etc., who, undoubtedly,  
6 would have been happy to describe their satisfying  
7 experiences from the use of their particular brand  
8 of drug. Such use of subjective material given  
9 status by being included in your report, in our  
10 judgment, can only add to the confusion of impression-  
11 able and immature youth.

12 To avoid redundancy and repetition  
13 at this time, we simply wish to record our general  
14 agreement with the positional paper as presented  
15 to the Commission on February 21st, 1970 by the  
16 Attorney-General of Prince Edward Island, the Late  
17 Honourable Mr. Blanchard, with the exception that  
18 there be no change in the Code -- that is not quite  
19 accurate. There were some changes. Indeed, our  
20 present position has been reinforced since that day  
21 as new research studies have come to light on this  
22 subject. Consequently, for the purpose of this  
23 presentation, we shall restrict ourselves to stating  
24 our recommendations without substantiating details  
25 rather than proceed<sup>ing</sup> with these positions:

26 Recommendation One: That the  
27 present Criminal Code be so rewritten that indi-  
28 viduals brought before the courts as first offenders  
29 for misuse of marijuana can be dealt with in such  
30 a manner that their record will not be marred



1 by a permanent criminal conviction.

2 Recommendation Two: That there be  
3 no relaxation in the present laws restricting the  
4 sale and availability of marijuana for individual  
5 use and consumption.

6 Recommendation Three: That all  
7 traffickers or pushers of such drugs receive the  
8 maximum penalties for their offences, presently  
9 provided by our criminal laws.

10 We feel it is related; as educators  
11 working with youth to concentrate on this area as  
12 represented by the above recommendations, to the  
13 present turbulent society on the North American  
14 continent. We feel so strongly that this is not  
15 the time to deliberately foster a more permissive  
16 social structure in the use of drugs, certainly not  
17 before much more objective research and study can be  
18 made.

19 There would seem to be an increasing  
20 degree of correlation between the prevalent violence  
21 and the abuse of drugs, either soft or hard.

22 It is unfortunate, to argue, that the  
23 various communication media has given such undue  
24 prominence to the non-social activities of a very  
25 small minority of our youth. The great majority of  
26 this maturing generation have never been more  
27 realistic, responsible and intelligent. They will  
28 accept reasonable social guidelines provided for  
29 them by their adults, if they insure their legitimate  
30 participation and contribution to the common good.





1 THE CHAIRMAN: Thank you very much.  
2 Are there any questions or statements?  
3 Dean Campbell?

4 MR. CAMPBELL: When you refer to the  
5 recommendation of change in the Criminal Code, the  
6 law with respect to first criminal offenders, are  
7 you stating this as a general premise or as a  
8 principle to be applied exclusively in the case of  
9 drug offenders.

10 DR. PARKER: In this particular  
11 context we have made application to the first offender  
12 under our present laws regarding the use of  
13 marijuana as they come to the court from time to time.  
14 I have been increasingly<sup>concerned</sup>/through personal contact,  
15 of the price that is paid from our relatively un-  
16 expected experiment on inexperienced youth with  
17 this medium, and then for them to find that with  
18 a court conviction, their whole future can be marred  
19 in terms of being bonded, being accepted into the  
20 military service, being accepted as a law student,  
21 and so on, that these laws do not really take into  
22 account first knowledge of what youth is like.

23 And, I think when I was the same  
24 age as the youth I am representing, I was experimenting  
25 about as broadly as the law allowed or not allowed  
26 me as well. This phase of the law does not recognize  
27 the nature of youth in terms of situations so easily  
28 involved in, simply by the theory that he wants to  
29 try something that is new. The evidence seems to  
30 be,<sup>to me</sup>/as a lay person, that some tolerance should be



and that be  
shown by the courts/with the law/so phrased that  
the judge sitting on the case could do this.

MR. CAMPBELL: When I asked you to  
define the general principle here, I was getting  
really, into the context of what you spoke of.  
Experimentation may be joy-riding in cars; a great  
many other ways that children can be involved.  
Would you advocate the same treatment with them as  
you are here?

DR. PARKER: No. In this particular  
discussion I am limiting it to this area and not  
extending it philosophically. I think the sentence  
I referred to, representing the older generation,  
obviously, rightly or wrongly I am concerned as a  
citizen with the kind of permissiveness that seems  
to be the experiment at the time, with regard to  
whether it is education or a general social pattern,  
or what have you. And if I read history at all, as  
an amateur student of history, Toynbee has dealt  
with this at length and we are familiar with him,  
that his cycle of the rise and fall of nations and  
that they fall when permissiveness is coming into  
the structure of the nation, whether it is a moral  
permissiveness, economic or political permissiveness.



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3 MR. CAMPBELL: What do you mean  
4 by "permissiveness"?

5 DR. PARKER: Concept of freedom  
6 that an individual can be completely free to do what  
7 he feels on the impulse of his animal nature. As  
8 I understand the structure of human society, man  
9 could live by himself quite permissively, if he  
10 was up in the North Pole with no companion. If he  
11 takes a companion, and preferably the opposite  
12 sex, his area of permissiveness is restrained because  
13 he has to give some consideration to his new partner.  
14 When you have three or four families together a  
15 different type of freedom concept comes into the  
16 picture.

17 MR. CAMPBELL: You talk about  
18 the need for education with respect to drugs. Could  
19 you tell us, from your experience and experience of  
20 educators, in areas perhaps analogous to drug use,  
21 what you feel is the most appropriate approach to  
22 take--I'm thinking of past experience of alcohol and  
23 other areas which tend to influence behaviour. Could  
24 you give us the benefit of your experience.

25 DR. PARKER: I will state very  
26 simply that I have complete confidence in youth. I  
27 am disappointed with the (inaudible) We all  
28 are. My experience over the years on all the levels,  
29 elementary to university, is that when intelligent  
30 sensitive youngsters are given the facts without  
undue moralization and not under the heading of  
directives where the older generation says, "Here they  
are and you listen", but, "Here are the facts and you use





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3 them," they are bright enough to take that information  
4 and face the choice that comes down to: "Do I do this  
5 or do that? Do I say yes or do I say no?" The  
6 submission of the facts is proper education. I am  
7 quite confident that youth will make the right  
8 decision.

9 MR. CAMPBELL: When it has been  
10 put to us before that it is important for drug  
11 education to do just this--to present the facts--  
12 a case was made, I remember on the Maritimes last  
13 spring, that you could present certain physiological  
14 information about drugs--

15 MR. PARKER: Our communications  
16 are breaking down here somewhere--these gadgets. I'm  
17 not getting your sentences.

18 MR. CAMPBELL: You get me now?  
19 It has been put to us often that it is important to  
20 include the facts in drug education to make it  
21 absolutely accurate. It has also been put to us  
22 that part of the factual statement is the subjective  
23 experience of users about the effects that they have  
24 had. And it has been put to us that to not do this  
25 is not to give the complete picture of the drugs.  
26 Now, in terms of what you said about the report, I  
27 wonder what your feeling is about how far the  
28 facts about drugs should go in drug education?

29 MR. PARKER: Well, again, it is a  
30 hypothetical question to answer: How far does one go?  
I wish I had the answer, and I would be sought after  
by a lot of people in Canada if I had the answers.



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3 I have given pretty full facts. But what you say,  
4 in lay language, is the youngsters require both sides  
5 of the story. Certainly. That is with reference  
6 to my criticism of the Appendices. Of some of the  
7 letters which I thought were so totally irrelevant  
8 to the position the Commission was asked to undertake.  
9 I assume there must have been thousands of letters  
10 that the Commission received over the period of your  
11 first study and someone from the office had to  
12 decide which of the many thousands, or, a dozen or so,  
13 that would be typical and represent certain points  
14 of view. Take the letter--and this is where I  
15 quarrel with the selection--the one from the middle  
16 aged lady married to a professor and she was a  
17 professional woman herself. Her testimony to the use  
18 of marijuana in a family situation was that finally,  
19 after all these years, she was able to have real  
20 satisfaction of sexual intercourse. This seems to be  
21 maybe a desirable social thing, that marijuana can  
22 contribute to this unquestionably beneficial result.  
23 But for impressionable youngsters to read this kind of  
24 almost irrelevant by-product of what is the real issue  
25 that we are hoping for as citizens, I felt a better  
26 selection could have been made.

27  
28 Back to your first question, I  
29 have always been defeated in working with yougsters  
30 if I did not give them both sides they would  
probably come up with the side I did not give them.

THE PUBLIC: Gentlemen, I refer  
you to your terms of reference, Section D, where it





1  
2  
3 says "the extent of this phenomenon" I presume you  
4 are interested in Charlottetown, as well. For that  
5 reason I would like to ask Dr. Parker this  
6 question. Last July, Dr. Parker, it was  
7 stated to the media here that there was a situation  
8 shaping up in Charlottetown we felt was dangerous and  
9 we felt the people were not completely aware of  
10 and we felt required immediate attention. There was  
11 some suggestion at the time that we had over-stated  
12 the problem and perhaps, the problem was not as great  
13 in the Charlottetown area and Prince Edward Island  
14 as we had stated. In your position as Superintendent  
15 of Schools and, presumably, aware of what goes on in  
16 the schools, I wonder what you feel is the extent of  
17 the situation here in Charlottetown. For the  
18 Commission's benefit.

19 DR. PARKER: I think the situ-  
20 ation here is serious enough to warrant the concern  
21 of all concerned citizens, whether they be educators  
22 or professional people or parents. The answer, since  
23 our meeting at that time was--and a series of meetings  
24 that have been held since--done quietly without  
25 using the publication medium to assess our situation  
26 and be aware of what our move should be. And a  
27 tremendous progress, I think, has been made. This  
28 was in context of the radio being used and  
29 deliberately, to bring to the concern of our  
30 citizens in this area to let's not have our heads in  
the sand. We do have a similar kind of participation  
that exists elsewhere.



1  
2  
3 THE PUBLIC: This is not directed  
4 at the last presentation, Mr. Chairman. I would  
5 like to make a comment, and I have two purposes for  
6 being here, to make a comment on how I feel and to  
7 bring on someone else I think should be saying  
8 something at this time. I think the main object, as  
9 I see, <sup>or</sup> your second round here, is to get reactions to  
10 your particular interim report. Going back to the  
11 grass roots, to the people, I think the first submis-  
12 sion has given or expressed the opinion of the  
13 Government and I am sure an awful lot of people  
14 in our community and province. I believe their basic  
15 concepts are alike. I think they buttered it a  
16 little bit too much and you sharp boys really tore  
17 them apart. That is your prerogative. You were  
18 asking them questions and they are laymen. They have  
19 a feeling something is wrong and they are saying it  
20 to you.

21 My idea of what you are here  
22 for is basically to come up with the answers. These  
23 people are laymen, as such, and have a basic moral  
24 conviction that something is wrong with the idea  
25 of using drugs and they are expressing it.

26 Now, I thought that maybe the  
27 second time around that you people would be put on the  
28 spot and say you made certain suggestions in your  
29 report and maybe you should defend them. I think  
30 Ken, in his way, has asked some questions and  
some of the report came up in the Provincial group  
they were asking the same questions. I am not



1  
2  
3 asking for a defense of your position at this point.  
4 Maybe you will give it to us later.

5                   However, I mentioned that here  
6 we are talking as laymen. I'm a layman. Ken is a  
7 layman. The people who made the report for the  
8 Province are basically saying they are laymen.  
9 I would like to get a comment from an activist in  
10 the field. Not one who uses, but one who is  
11 directly related to young people who are in the  
12 process of using it and if the Chairman would  
13 allow me, I would like to have Dr. Brown speak at  
14 this point of time.

15                   THE CHAIRMAN: Dr. Brown is  
16 actually scheduled to follow.

17                   DR. BROWN: I have an appointment  
18 at 5 o'clock and maybe you could finish questioning  
19 Dr. Parker and then I can--

20                   THE CHAIRMAN: Dr. Parker, would  
21 you mind . . .

22                   DR. PARKER: No.

23                   DR. BROWN: I have no formal  
24 presentation at this time. I have a few notes that  
25 I have made and I would like to talk, again, as a  
26 parent too, because I have five children. I would  
27 also like to talk as a physician who has been  
28 involved for two or three years with the drug problem.

29                   As far as the Commission goes, I  
30 did not find any real direction in the interim brief  
as to what parents could do and this concerns me  
because, again, I don't know whether the parents





1  
2  
3 have any concern but I do not see too many here today  
4 and often parents come to me and they want direction,  
5 but what do we do? What do we have to offer? I  
6 would like to read some of the advertizing that has  
7 been available.

8 This is from the--I believe  
9 Atlantic Monthly. It says--"The subject is drinking  
10 and you are the teacher. What do you tell them?  
11 You are an adult. They are teenagers. If you  
12 start lecturing--they will turn you off. They  
13 already know that drinking is a pleasure reserved for  
14 adults and they are fully aware of the legal drinking  
15 age. So it is not so much what you tell them, it  
16 is how you tell them. We have a suggestion. Tell  
17 them by showing them. Show them that a drink taken  
18 socially is fine, as long as it is taken sensibly  
19 and moderately. Show them that the legal drinking  
20 age is not a license for irresponsibility but a  
21 recognition of maturity. Mental as well as physical.  
22 Then when you are old enough you will know that they  
23 are old enough to enjoy our product sensibly. We  
24 wouldn't want it any other way. A moderation message  
25 from Seagrams."

26 How can this be published in a  
27 magazine and then we turn around and say to the  
28 kids, "Do not use other drugs." I don't know how  
29 we can justify that. As a physician talking to  
30 other physicians; again, they like to separate  
alcohol and other drugs and I notice the Premier's  
enquiry in 1967 shows that one in eight males over  
the age of 16 was involved in some way with alcohol



1  
2  
3 here in P.E.I. I would say that is quite a bit of  
4 a problem.

5 Again, on advertizing,  
6 Metropolitan Life advertize on T.V. that speed kills.  
7 This is an advertisement one sees and then they say,  
8 "Well, speed kills". If you know somebody taking  
9 speed try to get them to the local family physician.  
10 How many local family physicians are educated to  
11 the problem? I have<sup>heard</sup>/numerous comments even here  
12 that there is no problem in our area. Once you get  
13 them there, what about the hostility to long hair.  
14 What about just the general poor education of the  
15 physician to the exact problem?

16 Also, to take the speeder  
17 himself, we all agree that speed is dangerous.  
18 To take the speeder himself and in dealing with  
19 approximately 60 speeders over approximately the  
20 past six months in Halifax last year--to talk to  
21 them they have no problem. They have no problem  
22 with the drug. It is the implications that the  
23 (serum) hepatitis that is involved in the problem.

24 This is one of the reasons I  
25 saw them. They didn't come to me because they had  
26 a problem with speed. They were worried about  
27 hepatitis. And while this was very enlightening  
28 because many problems came out of this. A call from  
29 a girl saying, "What do we do? Three of us are  
30 using the same needle and one of us is being  
treated for V.D.. Do we all get treated for VD?"  
This type of problem. Again, I wonder--this may be  
rambling too much. But I wonder, in seeing some of





1  
2  
3 these kids--I saw 20 with changes that were in  
4 keeping with (serum) hepatitis and yet coming off  
5 speed the jaundice reverted back to--well, the  
6 level of milligrams, reverted back to normal within  
7 two or three days and I did not see any exact  
8 reference to the toxic effects of speed on the body  
9 itself as far as liver changes and toxicity similar  
10 to that of clozone, an antibiotic which will change  
11 liver function tests but once it is withdrawn,  
12 the body function will revert to normal. This is  
13 interesting to me because biopsies done on livers  
14 for toxic effects as well as (serum) hepatitis  
15 would be very similar.  
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1                   This would be hard to document. The  
2 gradual reversal of serum enzymes and capillaries  
3 has been of interest to me and I wonder if there  
4 are not some references -- I noticed there was one  
5 in the California Medical Journal of 1969, and then  
6 I could not find any real specific reference to this.

7                   Integrated and innovative services.  
8 So often here, I think mental health is stressing  
9 integrated service and you talk of innovative services,  
10 in other words, innovative services to young people.  
11 I wonder about services to adults too. What about  
12 parents' groups getting together, maybe involving  
13 a little bit of counsel, counselling the groups,  
14 getting parents together that have problems, who  
15 can discuss the problems among themselves. And, if  
16 we have innovative services for youth only, I think  
17 we should look at the parents too because they are  
18 looking for the answers also.

19                  The problem of integrated services,  
20 setting up something like a youth service or a referral  
21 type centre where you utilize all the community's  
22 facilities often gets labelled as a drug centre and  
23 I think this is the wrong approach; and I don't know  
24 what the community gets out of all the advertising  
25 and the publicity that comes, that this is a drug  
26 treatment centre. Really, I think the kids want it  
27 as a total referral centre, because if kids have a  
28 problem they want to be able to be referred to the  
29 proper professional or proper individual and I think  
30 this is important, to stress that it is not only a



1 drug centre, it is a referral type of centre.

2 But, in setting up these, often the  
3 older individuals who have had experience with drugs,  
4 travelling around the country, are the ones who have  
5 the influence over some of the locals, some of the  
6 younger kids, and it is often the non-local individual  
7 who has the say in the centre. I think this can be  
8 the downfall of a centre. If you cannot get the local  
9 youth interested, the local youth to realize there  
10 is a problem -- well, maybe they do not feel there  
11 is a problem -- then any of these centres are not  
12 going to work.

13 I think I have rambled on, and I don't  
14 have anything specific, but if there are any questions---

15 THE CHAIRMAN: Have you seen cases of  
16 adverse drug effects in your practice? What kind of  
17 cases?

18 DR. BROWN: Actually, I was Chief  
19 Resident at (Poly Clinic) last year and I primarily  
20 got involved in setting up a medical treatment in  
21 one of the drop-in centres in Halifax last year, and  
22 most of it is from speed. I must say that most of  
23 my time is taken up by speeders, and it was a very  
24 difficult group to work with. They took everything  
25 and there was nothing given up, no return. They,  
26 to me, are a hard group to work with, and I think  
27 that to say that they should be compulsorily confined  
28 I think is wrong, because I do not think you are  
29 going to get anywhere by compulsorily confining a  
30 speeder. Once he is out he will go back again because





1 he is not really interested in stopping until he  
2 decides himself that he wants to stop. I think at  
3 that time you can help that individual. One way, I  
4 think, is to get him out of the drug environment that  
5 he is used to and has been associated with.

6 THE CHAIRMAN: How can that be done?

7 DR. BROWN: I think that -- to cite one  
8 example -- and this is almost impossible on a large  
9 scale, a judge in Toronto decided that there was no  
10 point in jailing a young fellow of seventeen who had  
11 been busted twice, so he told him to get out of  
12 Toronto. He had his parents send him to somebody  
13 outside the city. So he came down to Nova Scotia  
14 and stayed with a family, and this was a family  
15 outside of the city, where he was not involved in  
16 drugs. He had lots of his own peer group there and  
17 there was lots to do, lots of good music, and he  
18 could relate; and he was away from the drug scene  
19 and he is still away from the drug scene. I think  
20 this is one means of an innovative service as far as  
21 speed goes. To confine this person, it would be  
22 disastrous.

23 THE CHAIRMAN: Is it your impression  
24 that speed is the most serious drug in the non-medical  
25 problem at this moment?

26 DR. BROWN: I would say it is, but then  
27 again, if you speak from the outside in -- if you are  
28 in the middle and you are involved, you always feel  
29 it is the biggest problem, but you can also be taken  
30 in by this sort of point of view. I think I have seen --



1 I must say that I also saw -- I spent about two  
2 hours with a young fellow this afternoon who had a  
3 bad trip on hash. He has not used other substances  
4 such as LSD or other hallucinogenics and he has only  
5 used grass and hash. This is the first time that I  
6 have seen this, but I did see this this afternoon.

7 DR. LEHMANN: What were the symptoms?

8 DR. BROWN: Well, he felt -- to get it  
9 from him, now, he was not very talkative. He complained  
10 about being empty and having nothing in his head. He  
11 became extremely agitated and he also became very  
12 paranoid. These are the prime symptoms and he was  
13 still extremely paranoid when I saw him this afternoon.

14 THE CHAIRMAN: Thank you, Doctor.

15 MR. CAMPBELL: Dr. Brown, you raised  
16 the question of having to contact parents. What do  
17 you think should be told to parents when they are  
18 faced with specific drugs in your office?

19 DR. BROWN: I guess as far as specific  
20 direction, I think a good knowledge -- actually, we  
21 can go back to, I think, family life as a whole. You  
22 have to go back to before someone starts using a  
23 drug, you have to go back to the family as a home  
24 and just what goes on; why parents often don't have  
25 time for their children, why they often ship them  
26 off for more recreation and not become involved  
27 themselves. I think we have to go through this with  
28 parents. I think we have to sit down and talk to  
29 them. I think these cases are individualized. I  
30 think we can get some parents' groups and maybe some





1     answers would come out of this. I think so far as  
2     the drugs themselves are concerned, the education on  
3     drugs, I am not saying that is not there. Maybe we  
4     could have some specific direction as far as dealing  
5     with parents; I just don't know.

6                     The education on drugs is there, the  
7     information is all there. This is part of it, the  
8     factual information on drugs, so that they could  
9     logically talk to their kids on drugs themselves.

10                    THE CHAIRMAN: Thank you, Doctor.

11                    THE PUBLIC: May I just make a coment  
12     about the previous ---

13                    THE CHAIRMAN: Yes, we return now to  
14     Dr. Parker and Miss Matheson. Go ahead.

15                    THE PUBLIC: I wanted to make a  
16     comment about the personality changes you are seeing  
17     in young people in terms of drug/<sup>use.</sup> I was the Vice-  
18     President of Allied Youth and I guess I would be  
19     technically labelled as "a shadow of his former  
20     self". And I agree that there have been changes  
21     that have gone on in my personality. I have seen  
22     it in my friends also. But I need to see this change,  
23     the change incurred by the use of drugs. I would say  
24     the major fact which changed my personality was  
25     finding myself on a planet which is speeding,  
26     apparently, towards destruction, and being idealistic  
27     and seeing the need for change to occur, pollution,  
28     etc., and not being able to do this, and having this  
29     constantly in front of me. And I can see why young  
30     people like myself often alternate between apathy,



1 depression and perhaps violence, because this  
2 frustration is going on. I hate to hear you say  
3 that this personality change is caused by drug use.  
4 --- (Applause)

5 THE PUBLIC: I would just like to add  
6 that I do think the use of drugs does cause changes  
7 and it does cause personality changes, but the judgment  
8 of whether it is good or bad or whatever is question-  
9 able.

10 THE CHAIRMAN: Dr. Parker?

11 DR. PARKER: Mr. Chairman, I did not  
12 bring Miss Matheson to support me because of her  
13 obvious beauty, but she is a very well known citizen  
14 in the community and an educator. I am sure that,  
15 perhaps, she has an observation she could make. I am un-  
16 fortunately a bit respondent to the question. Miss  
17 Matheson, do you have observations about that?

18 MISS MATHESON: Mr. Chairman, I would  
19 like to ask the question -- we have very definite  
20 laws covering the use and abuse of drugs; apparently  
21 they aren't being enforced very effectively or we  
22 would not have this widespread abuse. If lesser  
23 penalties, as we have suggested, were effected, do  
24 you believe that there would be more effective en-  
25 forcement of the law? Is part of it non-enforcement  
26 and part of it not penalizing according to the  
27 Criminal Code? Is this being caused because of the  
28 ways they vary in the penalties at the present time?

29 THE CHAIRMAN: I think the only kind  
30 of statement that it is proper for us to make before



1 our time of the report; I think, perhaps, the only  
2 statement I should make is one which is to explain  
3 our recommendation on this subject. I think we  
4 suggested in our interim report that this kind of  
5 question has to be regarded as a question of balancing  
6 the costs and the benefits, and in recommending non-im-  
7 prisonment for use, for simple possession for use  
8 with respect to cannabis, I think that what we are  
9 saying there is that we do not believe that the  
10 benefit to be derived from it -- that it is a  
11 deterrent, general deterrent, justifies the cause.  
12 I am just repeating what we said in the interim  
13 report. We have assumptions, and that is another  
14 thing, but I am repeating what we have stated, that  
15 we do not think the enforcement against cannabis  
16 can only be very selective, and this is actually  
17 why -- you yourself have suggested that they cannot  
18 be fully enforced because of the numbers involved.  
19 Having regard to that fact, we suggest that the  
20 effect of severe penalties applied against human  
21 lives are not justified by the general practice of  
22 the law. This is the approach.

23 MISS MATHESON: Just one other comment  
24 I would like to make, and this is the approach to  
25 education along this line, and I am speaking now  
26 particularly with reference to younger children.  
27 I feel that if we acquaint these children with the  
28 knowledge of the human mind and body, that is, the  
29 systems of the body and their wonderful co-ordination  
30 and synchronization, that exist in the functioning of





1 the various systems and lead them to reverence of  
2 this tremendously complex structure, that is, the  
3 person, and then to realize that they hold this in  
4 trust, then against this background to discuss the  
5 place and place the use and abuse of many things  
6 including sex, alcohol and drugs, that perhaps we  
7 would be more respective than simply introducing a  
8 program on any one of these; giving the background  
9 first and then placing these in relation to the trust  
10 that is placed in each of us to do what we will with  
11 this precious thing that is a human being.



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3 THE CHAIRMAN: You feel the  
4 emphasis should be on a general education approach  
5 rather than on specific emphasis on drugs?

6 MISS MATHESON: And this placed  
7 in perspective.

8 THE PUBLIC: I want to give my  
9 full agreement to the--

10 THE CHAIRMAN: Sorry, it is hard  
11 to follow you. Could you speak more closely into the  
12 microphone and slow down a bit, please.

13 THE PUBLIC: All right. In  
14 reference to the second statement I want to give  
15 my full agreement and I would like to say that as  
16 an extension of that in dealing with drug abuse, in  
17 many cases it is a symptom of a greater disease  
18 that a person does not know how to deal with drugs,  
19 for example, in the proper respectful way it  
20 probably reflects something greater. So I agree  
21 with what you say.

22 In relation to the first  
23 statement, I differ. About the relative value of law,  
24 for example, against the possession of marijuana  
25 as a deterrent, I would like to point out it has  
26 a very bad effect on relations in the community;  
27 for example, the police to young people who are  
28 involved in drugs. Most kids do not consider the  
29 police as friends who are there to help them.  
30 An immense part of the kids have extremely  
bad habits to the police because the police, in  
many cases, their position is they have to enforce  
laws that are basically unfair and enforce laws





detering drug abuse. Let's say some people may have benefitted because they would have been abusing drugs in this case. I think there has been a greater harm and that it has torn our community apart, our community of Prince Edward Island and our community of Canada.

THE CHAIRMAN: Any questions or statements? Thank you, Dr. Parker and Miss Matheson.

Rev. Malcolm McCuaig, Minister, Church of St. James.

REV. MCCUAIG:

Members of the Commission, I make bold to appear before you today not<sup>as</sup> an expert on the question of the non-medical use of drugs, nor as representative of any group or organization, but on my own behalf as a concerned citizen and a committed Christian.

The burden of my presentation rises out of what I detect to be the fundamental concept of human freedom that you, as a Commission, seem to be committed to, if your Interim Report represents you fairly. Human freedom is an immensely important concept in our society, but one which has been sadly neglected and adulterated in recent years. Without oversimplifying the matter, it is my opinion that a large portion of the social ferment we currently find ourselves facing, rises directly out of our distortion of the concept of human freedom. The "Oxford Dictionary" defines freedom as,



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3 "Personal liberty, non-slavery, civil liberty,  
4 independence, liberty of action, right to do,  
5 power of self-determination, independence of  
6 fate or necessity"

7 It is a magnificent definition describing a  
8 state or existence I am sure we all wish were  
9 possible and true to life. Of course, it is not the  
10 case.

11 For example, we are never  
12 completely free or "independent of necessity". We  
13 cannot jump from a tall building and expect to be  
14 free of the necessity of falling to the ground.  
15 There are natural limits to our freedom as human  
16 beings.

17 If this is true of the natural  
18 order, it is also true of man in society. I am  
19 free only insofar as I do not infringe upon your  
20 freedom. From the very beginning of our lives, by  
21 the process of socialization, we learn what are the  
22 limitations upon us as creatures of an ordered uni-  
23 verse and members of a social system.

24 I am sure that we do not like  
25 the idea that there are limitations upon us, beyond  
26 which we cannot go. When I am tired, I would  
27 rather fly than walk to my destination, but I cannot,  
28 and I regret it. When I set out to accomplish some  
29 social goal, I would far rather do it my own way  
30 than have to put up with suggestions from other  
viewpoints, but I can't and I regret it.

As much as we would all like to  
be free in an absolute sense, we are not, and



1  
2  
3 although it is obvious and trite we need remind  
4 ourselves of this fundamental fact of human nature.  
5 We are free within limitations.

6                   It has already been spoken today  
7 but it is also true of ourselves as parents. We  
8 need this reminder today. We do not understand  
9 much of the high sounding psychological jargon that  
10 haunts us about parental repression. We are  
11 bedevilled by the so-called "progressive" cult of  
12 self-expression. We are driven to permissiveness  
13 by false doctrines of family democracy. As a result,  
14 we have too often abdicated our responsibility as  
15 parents for setting standards of behaviour and  
16 defining the limitations upon our children's freedom.  
17 Afraid of inducing trauma, or of being unpopular with  
18 the children and their friends, we have continually  
19 yielded to demands for privileges and liberties  
20 which are clearly harmful. The children think  
21 freedom means no limitations and we perpetuate their  
22 false concept by yielding to their whims. I  
23 believe we are currently witnessing only the  
24 beginning of the chaos that will surely result if  
25 we continue in our present posture. Freedom for  
26 human beings is always "freedom within limitation".

27                   Let me now indicate a second  
28 prevalent and pernicious misconception of our time,  
29 namely, that freedom implies equality. I use the  
30 word "equality" in its true sense; namely, in a  
qualitative rather than a quantitative sense.





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3 A free society, more commonly  
4 called "democracy" means two things: That every man  
5 has equal rights before the law; and secondly, that  
6 every man has an equal opportunity to develop to the  
7 height of his own potential. Of course, we have a  
8 long way to go in the achievement of these ideals.

9  
10 Somewhere along the line,  
11 however, the notion has arisen that freedom in society  
12 means that every man has the same potential (which  
13 we do not); that ignorance and inexperience are to  
14 be valued as highly as knowledge and experience  
15 (which they cannot); that every man's judgement is  
16 sovereign (which cannot be); and that every opinion  
17 is as good as any other opinion (which is not the  
18 case).

19  
20 Dr. R.K. Toole, Professor of  
21 History at the University of Montana, illustrates  
22 the point in the following words:

23 "Wisdom is not percocity; it is the amalgam  
24 of experience, reading, thought, and the  
25 slow development of perception. While age  
26 is no guarantor of wisdom, whatever else the  
27 young are, they are not wise, precisely  
28 because they are young".

29 In other words, our conception of  
30 freedom must never overlook the superiority of  
experience over inexperience, knowledge over  
ignorance, skill over uselessness, and preparedness  
over laziness. Now is the time for our society to  
reaffirm that kind of freedom which places



responsibility firmly in the hands of those capable of handling it, and which places the potential to contribute to the welfare of others above all considerations.

Thirdly, let me suggest that the only way in which we are utterly free as human beings is in our freedom to choose how we will act responsibly to one another and to our Creator. However, the corollary is that we are not free to be irresponsible. I am only free to choose the life-style, the frame of reference, the institutional form, the set of limitations within which I shall work out my responsibility.

I happen to be a member of "The Establishment"--which, by the way, is nothing but a euphemism of "society"--and it has been my free choice to be one. Having made my choice, I live by its limitations and frame of reference. I utterly reject the suggestion that other life-styles are more free than mine. All of us are conformists to the frames of reference that we choose for ourselves.

As for responsibility, it is true that each man stands alone with his Creator. Sensitivity is not the possession of youth alone. All of us have felt the impulse to grow, to reach out, to touch the stars, to let our minds travel along unexplored corridors. Each of us has stood on a hill top and known the sudden expansion of the mind.





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3 It is one of the oldest, sweetest, yet most bitter,  
4 experiences of mankind.

5 Today's generation did not invent  
6 that experience, nor do they now own it. It has been  
7 the cherished possession of countless mystics and  
8 practical men who down the years have given their  
9 lives to causes greater than themselves and therein  
10 became immortal. Paradoxical though it may seem,  
11 true freedom--the freedom to surpass our mortal and  
12 spiritual finitude--comes through commitment to  
13 causes greater than ourselves. The joys of  
14 freedom reside in the service of something that  
commands all our conviction and all our devotion.

15 We must continually ask, therefore,  
16 whether the requests men make of us, as a society, are  
17 truly for the purpose of expanding their opportunities  
18 to be more responsible to us, and more able to  
19 answer their own destiny. This, surely, is the  
20 fundamental question underlying all discussions of  
21 law, morality and social justice. Dr. Harry K.  
22 Girvetz of the University of California at Santa  
Barbara, writes:

23 "Unfortunately it is difficult to find in  
24 the voluminous literature on marijuana an  
25 intellectually respectable criticism that comes  
26 to grips with the really basic and overriding  
27 issue. Suppose, as may well be the case, that  
28 marijuana were as free of disadvantages and  
29 as superior to alcohol as its apologists claim  
30 it to be: no hazard to health from overuse,



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2  
3 no hangover, no drain on a poor man's  
4 purse. Or, to avoid the legacy of  
5 controversy about marijuana, suppose that  
6 chemists were able to develop a cheap, completely  
7 harmless euphoriant. This is surely a  
8 theoretical possibility; the science of  
9 psychopharmacology is, after all, only in  
10 its infancy. In his Brave New World? Aldous  
11 Huxley described such a drug, used by the  
12 dictatorship to keep the man in the street  
13 happy, which he called soma. Two questions  
14 at once suggest themselves, one psychological,  
15 the other moral: (1) Would most people avail  
16 themselves of such a drug? (2) How should we  
17 evaluate the consequences if they did? It  
18 could well be that the very virtue of a  
19 perfect euphoriant--and therefore, to a  
20 lesser degree, of marijuana--are paradoxically  
21 its real danger.

22 "Satisfaction is usually  
23 produced with effort, not merely in the obvious  
24 sense that most of us have to work in order to  
25 have the satisfaction of eating or living with  
26 a roof over our heads, but because in most  
27 circumstances (from which not even the rich are  
28 exempt) satisfaction is a concomitant of the  
29 successful pursuit of ends. We have enjoyment,  
30 satisfaction, gratification, whatever we choose  
to call it, when we have objectives and are able  
to encompass them, when, as Aristotle would have



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2  
3 said, we realize ourselves. Such self-  
4 realization normally requires effort. And all  
5 such effort in its totality accounts for what we  
6 call civilization."

7 "Suppose now that our cheap  
8 euphoriant were at hand with all its virtues.  
9 Since we have not claimed that it would also be  
10 an analgesic we would at least have to bestir  
11 ourselves to avoid the pain of hunger and expos-  
12 ure. Would we seek more than simple fare and  
13 shelter or, thanks to our euphoriant, live  
14 contentedly at a subsistence level? And, if we  
15 failed to seek more, what would the moral  
16 difference be? "It is better," J.S. Mill said,  
17 "to be a human being dissatisfied than a pig  
18 satisfied; better to be Socrates dissatisfied  
19 than a fool satisfied." Clearly Mill had no  
20 doubt about the moral difference. But a new  
21 breed of sybarites might respond, as the  
22 "hippies" in effect answer, that they would  
23 rather live like pigs than be caught in the "rat-  
24 race." That this attitude, if universal,  
25 would mean the decay of all culture, does not  
26 deter the committed "user". By dwelling  
27 exclusively on the defects of our culture, he  
28 can find his rationalization in the charge that  
29 we have nothing worth saving."

30 That's the end of the quote.

Further, lest we be under any  
illusions about the use of drugs increasing a user's





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2  
3 contributory ability, listen to Dr. F.A. Dunsworth  
4 of Halifax, a Past-President of the Canadian  
5 Psychiatric Association, who writes:

6 "The use of drugs gives rise to an  
7 illusory sense of deepend appreciation  
8 of objects, of sounds, colours, sensations of  
9 'meaning', and a Presentiment of creativeness--  
10 but all essential sterile, because neither  
11 social conduct nor creativeness are actually  
12 enhanced at all."

13 John Donne's noble lines ring  
14 true across the ages to us:

15 "No man is an Island, intire of it selfe;  
16 Every man is a peece of the continent,  
17 a part of the maine;  
18 If a clod be washed away by the sea,  
19 Europe is the leese;  
20 Any man's death diminishes me, because I  
21 am involved in mankinde;  
22 And therefore never send to know for whom  
23 the bell tolls;  
24 It tolls for thee."

25 No man is free to be  
26 irresponsible. If I do not utilize to the full the  
27 talents and abilities that I have been given to make  
28 this a better place for all men to dwell, then I  
29 rob you of something you might have had because of  
30 me. We are free to be responsible.

In closing, I implore you,



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2  
3 Members of the Commission, to deepen your sense of  
4 what man's freedom really means. I implore you in  
5 the name of young people, who have so much potential,  
6 and so much talent, and whose horizons are so vastly  
7 broader than yours or mine,--I implore you on their  
8 behalf because I believe that given a chance they  
9 may be able to clean up the mess that you and I have  
made of the world.

10 I thank you.

11 THE CHAIRMAN: Thank you.

12 You spoke about--you used the expression "wise  
13 exercise of freedom of choice." I do not know  
14 whether that is an expression to which you made  
15 allusion when you speak of our concept or our  
concept of human freedom.

16 I am wondering what is implied  
17 in your concept of responsibility that is responsible  
18 to us. What is your general attitude towards non-  
19 medical drug use. Do you recognize that any of it  
20 is to be condemned. Is it all condemned in  
21 principle in your view? I want to know what your  
position is on this freedom and responsibility?

22 REV. McCUAIG: I have not seen  
23 adequate documentation from any of the material  
24 that I have read on the issue, nor have I observed  
25 in my own experience how the non-medical use of a  
26 drug has enhanced an individual's ability to more  
27 effectively contribute to the welfare of society  
28 and more effectively give himself to causes  
29 greater than himself.  
30





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3 THE CHAIRMAN: Is that the  
4 test of the duty of the State to intervene with  
5 criminal law as to whether to something contributes  
6 to the usefulness of society? There is a lot of  
7 things that do not contribute to our usefulness.  
8 Waste of our time by idleness may be one. I say  
9 there is a number of things that do not contribute  
10 to our usefulness. Waste of our time by illness is  
11 one. What are those things we are going to inter-  
fere with by law, particularly by criminal law?

12 REV. McCUAIG: Surely the law  
13 and our concept of morals arise out of what basically  
14 is a theological question. These things ultimately  
15 become a theological question. While we may not  
16 be able to legislate on how persons use their  
17 leisure time, we should have the option to protect  
18 and to lead and to give direction to persons who,  
19 and the social milieu as a whole, which might be  
20 so engrossed in the widespread use of a chemical  
21 that distorts and allows and forces introspection  
22 and introversion. How a person uses his leisure  
23 time, if a person goes and locks himself in a room,  
24 perhaps we cannot legislate that he come out of the  
25 room; but I think we are dealing with a different  
26 issue. We are being asked by persons to legalize  
27 and to make available on the market something that  
28 is not now available, in order that its widespread  
29 use or in order that its use might allow them the  
30 trip out of reality. The trip away from creativeness,  
the trip away from the responsible contribution which  
we have a right to expect and demand he make to the



1 welfare of the society into which he has been born.

2 THE CHAIRMAN: Are we to use  
3 law to enforce that contribution? I mean, exhortation  
4 may be one thing, and your statements -- the kind you  
5 make. But, speaking of law, are we going to speak law?

6 REV. McCUAIG: I think there is  
7 a difference in what you're saying and what I am  
8 saying. I am not asking you to use laws to enforce  
9 a contribution. I am asking you to use law to  
10 prevent the withdrawal of a contribution. What I  
11 am saying is that society has the right to say that  
12 there shall not be available to persons the means by  
13 which they shall run away or withdraw from the  
14 society of which they are a part. It may be that  
15 these persons will sit and not make their contribu-  
16 tion anyhow, but surely we have the right to refrain  
17 from making available the means of withdrawal.

18 DR. LEHMANN: How would you answer  
19 the argument we have often heard that they are  
20 not withdrawing from society, but they are actually  
21 made more sensitive and therefore more responsive and  
22 more capable of relating to other people and in this  
23 way much more creative than they were before, although  
24 less productive in the sense of western civilization.

25 REV. McCUAIG: I can only  
26 anser that -- not being an expert on such a matter  
27 myself, I am relying on the information that is  
28 provided by a man like Dunsworth from Halifax who  
29 says that, in fact, when these things are set to happen  
30



they are illusory and they are not in fact.

DR. LEHMANN: He did not refer to the ability to relate to other people, to be closer to them and to love more intensely. He did not refer to this in his statement.

REV. McCUAIG: I must confess I am not prepared right off the top of my head to deal with that issue. I would think--

THE CHAIRMAN: Be that as it may, I guess what we are trying to determine here is what is your basic value by which you make these judgments. We all have to have some criteria and your value seems to be irresponsibility on the part of the individual to society. What is the nature of that responsibility? It is responsibility for what kind of contribution? Is it the responsibility to make a kind of contribution which is regarded acceptable by the majority of society or what is it?

REV. McCUAIG: I believe I declared myself and did so purposely in the opening paragraph when I stated my Christian conviction that necessarily involves the idea of movement of direction in history. It necessarily involves the idea of Creatorship and the implantation in every man of the ability to respond to causes that are greater than himself and thereby be expanded and be able to contribute to this movement and direction as it is in history and the hastening of what Christianity has traditionally called the





Kingdom of God. That is my basic value. That seems to me to have been, to this point in time, one of the basic values of the people that have written the laws of this land and I, as an individual, maybe it is not the members of my congregation who would agree with me, but as I as an individual would hope that those kind of values would still influence the way the law of the land is drawn, the way the social system regulates itself.

THE CHAIRMAN: Isn't the basic emphasis in Christianity--it happens to be, I have some interest in the subject myself--is it a contribution to a specific society --is the basic emphasis there that you should contribute productively to a particular society? If we are going to rest the case on Christianity, I would like to find out if you believe that to be the basic emphasis.

REV. McCUAIG: It is my feeling that there are two emphases in Christianity that are co-equal. The emphasis upon man and his personal relationship with his Creator, God and in Christian religion through Jesus Christ, but the horizontal relationship, as well, on man and his love for his fellowman, as it is said so specifically in one of the New Testament epistles, "Any man who loves God and hates his brother is a liar." It is my feeling that pietistical Christianity has neglected the social responsibility and we are on the tail end of the pietistical--of about three



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2  
3 decades of pietistical emphases. Walter Burgeon in  
4 his Social Gospel Movement, went too far the other  
5 way. He did not recognize the fact that before there  
6 could be a real relationship between man and man  
7 there had to be a spiritual revolution in every man in  
8 his relationship with God, but the major problem  
9 has been in every age one of these two emphases has  
10 been stressed to the detriment of the other or the  
11 neglect of the other. I am probably one of those  
12 who is crying out in the Christian church today for  
13 a return to the mid-point where we not only talk  
14 about a relation to God through Jesus Christ but  
15 also talk about the implications of that relationship  
16 which means I must be in relationship and must be  
17 concerned about my fellow man. I rest my case on  
18 Jesus' own parable on the great judgment where he  
19 said "I am going to look around and separate the  
20 sheep from the goats and on the left side would be  
21 those who have said I was imprisoned and you didn't  
22 visit me, I was sick and you didn't come to me, I  
23 was naked and you didn't clothe me", and so on. That  
24 is the criterion of the judgement said Jesus--how  
25 you treat your fellow man. I think there  
26 is this basic social concern. Christianity is not  
27 totally social, but it is not Christianity unless it  
28 is so, and the minute you talk about social concerns,  
29 you talk about the way society regulates itself and  
30 the way a society accepts responsibility for all its  
members, mutual responsibility. Whenever we talk  
about freedom--human freedom--I would hope that we  
would recognize that you are free in the sense of how



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3 you are going to choose to act out your responsibili-  
4 ties to me, but you are not free to say I am not  
5 going to be responsible.

6 THE CHAIRMAN: Do you feel that  
7 drug use diminishes the sense of responsibility  
8 for your fellow man?

9 REV. McCUAIG: Everything I have  
10 read and everything I have seen of the drug culture  
11 suggests to me it is a withdrawal.

12 THE CHAIRMAN: Withdrawal from  
13 what?

14 REV. McCUAIG: Reality. The  
15 world as it is.

16 THE CHAIRMAN: Does that  
17 necessarily mean it is a diminishing concern for  
18 one's fellow. It may be a diminishing concern for a  
19 particular society. A particular way of life.

20 REV. McCUAIG: Let me say it may  
21 be concern but it's not productive concern.  
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1                   It is good to sit around and say,  
2       "You know I am concerned for those people who lived  
3       out there without any food", but it is another matter  
4       to take the food down to them. It is fine to have  
5       the illusory sense that, "I am very responsive, and  
6       I am very aware of creativeness", but how does it  
7       produce action, how does it affect the man next door?  
8       I think that is the test.

9                   DR. LEHMANN: Well, one might earn the  
10       money and the others might live on this more so than  
11       in other forms of society.

12                  REV. McCUAIG: I'm sorry, I did not  
13       catch that.

14                  THE CHAIRMAN: This is our twenty-  
15       seventh or twenty-eighth sitting in this country,  
16       and we have heard quite a lot from the youth that  
17       are involved in what you are talking about, and they  
18       say to us, repeatedly, that they are concerned with  
19       their relationships to each other, and they are  
20       concerned very much with society and world problems  
21       and they are critical about aspects of our society,  
22       and that does not mean that they are in any sense  
23       different. So, in hearing this, that is why I am  
24       interested in knowing if you believe that drug use  
25       is necessarily associated with withdrawal from concern,  
26       not necessarily support of a particular way of life  
27       but concern with a person's own ambition and society's  
28       improvement.

29                  REV. McCUAIG: Let me explain a very  
30       brief story. Our congregation operates a coffee house,



1 an experimental ministry. Last Saturday evening  
2 there were about 250 people gathered there in that  
3 coffee house. One of the youngsters rose and read  
4 some of his poetry. It was very good. The last poem  
5 that he read had a particularly profound effect on  
6 me. He introduced <sup>the</sup> / poem at some length, saying how  
7 it rose out of his essential being, how he really  
8 has spent months and months, years, preparing it,  
9 how everything that he is is tied up in it. "Now," he  
10 said, "Listen to it -- 'Me'." That was his poem.  
11 And, I am sorry, and it might be my naivete and it  
12 might be my false enthusiasm, but I wanted to rush  
13 forward and say, "I have another poem, and it is  
14 'You'."

15 DR. LEHMANN: Was he a drug user?

16 REV. McCUAIG: I don't know.

17 THE PUBLIC: The man who did the poem --  
18 I work with Rev. McCuaig at the coffee house -- and  
19 the man who did that was Tom. The part that they  
20 missed -- I'm sorry, Tom, but I will do the thing now --  
21 he said that this was where he was at a month ago.  
22 I remember that specifically. He said this was his  
23 prime concern in life a month ago, this was where his  
24 philosophy was all tied up a month ago, and, of course,  
25 he had everybody built up, and I know the value of  
26 suspense in that, so everybody went dead and went  
27 very quiet, and he said, "Me", and got down off the  
28 stage. It was very cool. But, he had meant that  
29 since that time he had progressed from something more  
30 important, and that was to "You".



1                   REV. McCUAIG: Precisely, and that is  
2 my whole point in being here, I think; it is to  
3 assure the progresion, to assure that we move past  
4 our perception of our role under the Creator and  
5 in society, to assure that we mature in that perception  
6 to make the contribution and not get hung-up, and  
7 not provide the means by which we are going to get  
8 hung-up at a specific point in time. And, I guess  
9 that means that we are back at the basic point of  
10 whether or not the drug user is expanded to be more  
11 productive, and that is something I am not competent  
12 to judge, but many of the people that I read on this  
13 subject, and I gave you the one quotation of Dr.  
14 Dunsworth, say that in actual fact their productivity  
15 is not that good.

16                   MR. CAMPBELL: There are a lot of things  
17 in society that can take people away from reality.  
18 I don't think they contribute anything to the man's  
19 capacity, necessarily, to relate to others and be  
20 useful, or productive-- ninety-eight percent of  
21 television; probably 100% of detective stories.  
22 Now, you say that because these things don't do  
23 these things, we should not allow them to be readily  
24 available to the citizen, as in the case of the drug.  
25 Why then, should we allow the escapes of  
26 television or literature to be available so that  
27 people can go on to be unproductive and non-concerned.

28                   REV. McCUAIG: I have not made any  
29 specific recommendations with regard to the law and  
30 possession of marijuana, use of marijuana. I merely





1 detected in the reading of the report, the idea that  
2 every man is free to do what he wants to do, to do  
3 his own thing as long as he does not infringe upon  
4 me. That is what I understood -- that is the impression  
5 that I got from sections like 444 of the report which  
6 says, in as many words, you can't use the law against  
7 the user because he does no harm to society. In  
8 other words, he can do anything he wants as long as  
9 he does no harm to society.

10 DR. LEHMANN: This is when we discussed  
11 John Stuart Mill's position. But, in the report we  
12 did not say that in fact.

13 REV. McCUAIG: Yes, but in your  
14 section in which you recommend that there be no  
15 penalties imposed for the commission of the offence  
16 of possession ---

17 THE CHAIRMAN: Simple possession.

18 REV. McCUAIG: Simple possession --  
19 you are saying that we are not ready to recommend that  
20 we completely do away with the offence. We need more  
21 study before we recommend that, but we do recommend  
22 that they not be punished because the person who  
23 had done it, really, is not hurting anyone by doing it,  
24 and he is free to do it. I may have misinterpreted it.

25 THE CHAIRMAN: No, I don't think it  
26 is as simple as that. We say that we don't think  
27 that the effect of punishment for simple possession  
28 is justified, in view of the effect on the individual,  
29 having regard -- you are quite right -- having regard  
30 to the fact that he himself sees this as a thing which



1 is not affecting others.

2 REV. McCUAIG: That is right. I think  
3 you phrase it, "without regard to" ---

4 DR. LEHMANN: "To relative harm."

5 REV. McCUAIG: "Without regard to  
6 potential for harm." In other words, "If he is not  
7 going to hurt me, he can do what he likes. He is free."

8 DR. LEHMANN: Also himself. There is  
9 no distinction made between more harmful drugs -- the  
10 hard and soft drugs.

11 REV. McCUAIG: That is where I take  
12 issue then. I am pleading that you expand that to  
13 include the responsibility that this man has to act  
14 out the potential for good that he is, and therefore  
15 he is not free to do anything that he wants. He is  
16 only free to choose how he will act it out.

17 THE CHAIRMAN: Here is the statement:  
18 "The harm caused by a conviction for simple possession  
19 appears to be out of all proportion to any good it  
20 is likely to achieve in relation to the phenomenon  
21 of non-medical drug use. Because of the nature of  
22 the phenomenon involved, it is bound to impinge more  
23 heavily on the young than on other segments of the  
24 population. Moreover, it is bound to blight the  
25 life of some of the most promising of the country's  
26 youth. Once again there is the accumulating social  
27 cost of a profound sense of injustice, not only at  
28 being the unlucky one whom the authorities have  
29 decided to prosecute, but at having to pay such an  
30



1 enormous price for conduct which does not seem to  
2 concern anyone but oneself. This sense of injustice  
3 is aggravated by the disparity in sentences made  
4 possible by the large discretion presently left to  
5 the courts." I suggest that is what you refer to.

6 REV. McCUAIG: That is it, and I also  
7 chose that for another reason, that it makes -- it  
8 encourages the popular trend to talk about the unfair-  
9 ness of law without coming to grips with the basic  
10 rationale behind the law. You hear so many people  
11 making the fallacy; I think there is a fallacy there,  
12 that because a law costs society so much to enforce  
13 or because we really can't enforce it, therefore, we  
14 must do away with it, or we must change it. Well,  
15 should we change the laws on kidnapping? I reject  
16 that philosophy.

17 A law stands on its basic rationale,  
18 not on its enforceability, not on society's ability  
19 to pay for the enforcement, not on whether or not  
20 there is enough law enforcement to enforce it. It  
21 stands on whether or not it is right.

22 THE CHAIRMAN: You say it is not a  
23 matter -- it is not a material matter. The use is  
24 so widespread that the law could only be enforced through  
25 selectiveness in a particular manner, and that  
26 is not the manner necessarily? You do not think that  
27 is criterion?

28 REV. McCUAIG: No, I don't. I think  
29 that the law is right. We may decry the fact that  
30 we can't enforce it, but let's not take the law off





1 the books and admit that the law was wrong.

2 DR. LEHMANN: Then the repeal of  
3 Prohibition was the wrong thing in the States?

4 REV. McCUAIG: I'm not prepared to  
5 argue that. I have not gone fully into the philosophy  
6 that was used in making the decision on the repeal  
7 of Prohibition. I am just arguing the point that  
8 if a law is right, then it is right, and it doesn't  
9 become wrong just because we can't enforce it. It  
10 is eternally right if it is right.

11 THE CHAIRMAN: What is this "right"  
12 that you are talking about? The law is put on the  
13 books because we believe that if it ceases to be  
14 effective, what kind of other values, values that  
15 you call "right" can you have? A law has got to be  
16 effective, surely. It has to command respect. Does  
17 this not go to its rightness. It ceases to command  
18 respect. Is there a pragmatic approach to the  
19 value of law? A law which was once conceded to be  
20 correct may turn out to be so resisted that it has  
21 to be changed. We know that we amend laws. Why do  
22 we amend them if they originally had "right" embodied  
23 in them?

24 REV. McCUAIG: I believe that law has  
25 a deeper basis than merely the whim of the moment  
26 of the majority of the people, which you seem to be  
27 suggesting to me; that if the majority find the law  
28 unacceptable at a point in time, then the law should  
29 fall. I reject that. I think the majority of the  
30 people in Germany fell for a philosophy that eventually



1 we needed a World War to re-establish ---

2 THE PUBLIC: Who is to determine  
3 whether it is right? If we have a law in free society,  
4 democracy is supposed to be the role of the majority  
5 to respect the rights of the minority. If the majority  
6 says that it is wrong, well, then -- that is what I  
7 think -- if we see society as a whole determining  
8 whether it is right or whether it is wrong.

9 THE CHAIRMAN: I think we had probably  
10 better adjourn since it is twenty to six. We will  
11 reconvene here at 8:00.

12 --- Upon adjourning at 5:40 p.m.  
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3 --- Upon resuming.

4 THE CHAIRMAN: Ladies and  
5 gentlemen, we will resume our hearing now. I  
6 hesitate to invite you to come forward again. I  
7 do not like asking people to move when they become  
8 comfortably settled, particularly after dinner. But  
9 we do feel a little remote. It just makes it easier  
10 for us to communicate if you can come closer. Thank  
11 you very much.

12 Now we are going to hear first  
13 from Mrs. Peter Gleeson, President, P.E.I. Federation  
14 of Home and School Associations. (not present)

15 Mr. Dave Steeves, Charlottetown  
16 Chamber of Commerce, is he here? Would you like to  
17 be seated at the table sir? I'm sorry. My mistake.  
18 It is the Charlottetown Jaycees.

19 MR. STEEVES: With your  
20 indulgence I will read a short brief that we have  
21 prepared based on the reading of your report.  
22 The Charlottetown Jaycees presently consist of about  
23 30 members from the ages of 21 years to 40 years, from  
24 tradesmen to Barristers, and from an income range of  
25 nil to \$16,000.00 per year, so we represent a wide  
26 range of individuals who are mainly middle class  
27 businessmen, managers and government employees.

28 Our personal experience has been  
29 mainly with the following drugs: nicotine, alcohol,  
30 caffeine, aspirin, prescribed drugs, etc., and no  
known experience in using cannabis, LSD, STP, etc.  
We have little or no known experience with illegal





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3 drugs so we consequently find your interim report  
4 educational, however sometimes vague and containing  
5 inconsistent reports from so-called 'drug experts'.

6 We believe that your report has  
7 established the following main points:

- 8 (a) There is and has been a Drug Culture in  
9 Canada for some time which is expanding  
10 and should be acknowledged by the public and dealt  
11 with openly, truthfully and with an open mind  
12 as possible.
- 13 (b) There is an urgent need for reliable drug  
14 information based on facts, not just personal  
15 opinions, so that Governments can legislate  
16 "just Laws" and individuals can decide for  
17 themselves on which drugs they want to take.  
18 (Example would be the Anti-Smoking campaign  
19 conducted by the Federal Department of Health and  
20 Welfare based on the fact that heavy smoking is  
21 a hazard to personal health).
- 22 (c) That our present Drug Laws and present  
23 enforcement under the "Narcotic Control Act"  
24 and "Food and Drug Act" is not effective and  
25 will not stop the expanding use of drugs because  
26 of its negative characteristics and these  
27 laws appear unenforceable for certain drugs  
28 (for example LSD). Also public acceptance of  
29 more drug use is working against the Law  
30 Enforcement Officer and we have sympathy for  
them because they are victims of social and  
technical change, and have not been given the



proper tools to do the job effectively.

(d) That our country's largest drug pushers are legal groups such as Governments, Medical Doctors, Pharmacists and Hospitals, and so on. These groups should accept their responsibility for encouraging greater drug use and should drastically change their apathetic attitudes toward positive treatment of sick people who misuse drugs of any type including present illegal drug use.

We were disappointed with the lack of information and recommendations presented by the Canadian Medical Association and the College of Pharmacists. In our opinion, these two groups have, on occasion, misused drugs by giving a "pill" for every ailment and presently have loose prescription habits. We agree with the Commission's recommendation of better control over present prescription procedures and over the counter sale of certain drugs.

The suggestion by the Canadian Medical Association that we legislate compulsory treatment for heavy drug users indicates the ignorance of the experts in the drug field. This also indicates they believe that a person can be helped when he doesn't want treatment which in our opinion is not true. Our past experience with alcoholics shows that a person must seek assistance first, before any permanent behavioural changes take place. Also, we would recommend that the Canadian Medical



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2  
3 Association take a critical look at their current  
4 educational training, given with the idea of physi-  
5 cians specializing in drug use and drug treatment,  
6 since there is an urgent need for drug expertise in  
7 Canada.

8 On Prince Edward Island our Number  
9 1 Drug problem is alcohol and probably will remain  
10 so for some years. However, the great majority of  
11 Islanders use alcohol moderately and we hope  
12 this will continue.

13 According to some sources,  
14 Guidance Counsellors and students, cannabis is being  
15 used at the University of P.E.I. and also in our High  
16 Schools. However, we have no reliable estimate of the  
17 numbers involved but there appears to be growing  
18 multiple drug use on P.E.I., together with the  
19 traditional use of alcohol.

20 A few weeks ago a Drug Crises  
21 and Youth Help centre opened in Charlottetown by a  
22 volunteer citizens group which would seem to  
23 indicate that there is a growing drug problem in  
24 P.E.I. today.

25 Since our group is at present not  
26 well informed about the drug scene and this subject  
27 is so complex, we hesitate to make any firm recommen-  
28 dations to your commission. However it does seem  
29 to us that when people decide to try different drugs,  
30 they will do so no matter how stiff the laws are.  
When you consider that at the present time on a  
charge of simple possession of cannabis, you can





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2  
3 be sentenced to six months in jail and up to  
4 \$1,000.00 fine, or both; it would appear unwise to  
5 try this drug, because of this fact alone. But the  
6 use of this drug is spreading and it appears from your  
7 Appendix B, letters from private citizens and other  
8 reports, that moderate use of cannabis is harmless.

9 Unless scientific experiments  
10 and reliable drug information is made available soon  
11 we believe the use of cannabis and other drugs will  
12 grow and probably be legalized for all intents  
13 and purposes in a few years, whether the laws change  
14 or not.

15 In conclusion, we wish to commend  
16 your Commission on your interim report and to urge  
17 more persons and groups to become interested in the  
18 use of drugs and make their views known to your  
19 commission so that you will hear the widest possible  
20 views on this important subject.

21 Thank you.

22 THE CHAIRMAN: Thank you Mr.  
23 Steeves. Has any consideration been given in this  
24 community to development of a representative  
25 committee or group that will support community action  
26 in this subject? Support innovative services like  
27 the one you referred to here like Drug Crises and  
28 Youth Help Centres and, also, try to develop community  
29 policy, encourage drug education? You seem to be  
30 an organization that may have given thought to  
that possibility.

MR. STEEVES: Our slogan for



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3 this year is 'We work with youth'. I was out to a  
4 Jaycee seminar in September and we discussed drugs  
5 pretty thoroughly at that seminar and we realized how  
6 ignorant we were about drugs and I don't think we  
7 really realized what the problem was and how it is  
8 spreading. Our problem here is we have just--we  
9 are just discussing what our role should be in our  
10 community concerning drugs and at the present time  
11 we are at a loss to know exactly what we can do  
12 because, as I have stated, we are very ignorant about  
13 the illegal use of drugs. We do not know anything  
14 about it. I do not know what the approach would be.

15 Possibly the self-help type of  
16 action may be more revealing and get to the heart of  
17 the truth quicker than relying on the experts. I  
18 don't know. Maybe this is a good way. I don't  
19 know. But we did not feel we were capable. We just  
20 do not have the knowledge or--you know--enough to  
21 know about it. We feel that we have to find out.

22 THE PUBLIC: Just in relation to  
23 the question which you asked, I just wanted to let  
24 you know that there are primarily two committees  
25 which have been established. One is the committee  
26 which was set up through the auspices of the  
27 Department of Education and its main process has been  
28 to look at education programmes and things which can  
29 be provided to curriculum committees and that kind  
30 of thing.

There is another organization  
which was just incorporated yesterday known as





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3 Charlottetown Youth Services Organization. That  
4 organizationn has a board of directors of interested  
5 people from the community of Charlottetown. People  
6 like nurses and we have two doctors, a lawyer,  
7 some guidance counsellors and those kind of people  
8 who are interested in young people. They come  
9 together, and many, through the initiative of  
10 young people themselves,<sup>the</sup> innovative service called  
11 Youth Services Centre has been established  
12 and this body is working in supporting guidance  
13 with the young people to identify the needs of  
14 young people in the community and to come up with  
15 services which can meet those needs.

16                   The two things that are kind of  
17 important in relation to what the gentleman said  
18 are No.1, that it was largely through the  
19 initiative of the young people themselves that this  
20 kind of organization got off the ground. The second  
21 thing is that it isn't an organization as yet that  
22 is primarily concerned with handling drug problems  
23 as much as it is an organization that is concerned  
24 with identifying the whole range of needs which our  
25 young people identify for themselves within the  
26 community like employment or maybe transient youth  
27 or young people that are having hassles at home  
28 need somebody that they can relate to or drugs.  
29 It is sort of part of the whole range of needs.  
30 It wasn't quite accurate to say that we have a  
drug crisis centre. What we have is a youth  
services centre.





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THE CHAIRMAN: That is the correct name then of what is referred to the Drug Crises and Youth Help Centre?

THE PUBLIC: Yes the corret one is the Youth Services Centre.

MR. STEEVES: We are talking about the one -- it has only been going a few weeks. It is not a drug crisis centre then?

THE PUBLIC: Not specifically set up to be a drug crisis centre. But drugs are one of the needs that is identified in the community and we try to help that need. But it is not specifically set up for that need.

THE CHAIRMAN: Thank you.

THE PUBLIC: Mr. Chairman, if I might just add a word following my friend. In the brief from the Government this afternoon there was some misunderstanding among our young friends here with reference to some centres--youth centres where there was distribution of drugs. There was absolutely no reference at all to the centre which we just discussed. None whatsoever. In fact it was deliberately centered at three operations outside the Province. I would like to clear that point.

MR. CAMPBELL: I wonder Mr. Steeves, if you could give us some indication of the feeling of people such as your members about the phenomena of drugs. What are their reactions?

MR. STEEVES: I think I can say in one word. They are apathetic. I think that this



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3 is why I am so glad to see your Commission going  
4 out and hearing the views of the people. I think the  
5 normal middle class person who is normally the type  
6 of group that I represent--he doesn't use a drug and  
he doesn't give a damn about the drug unless his  
child or one of his children or something gets  
involved in it. I don't think he is too concerned  
about it.

10 MR. CAMPBELL: They have an  
11 apprehension their children are to become involved  
12 more?

13 MR. STEEVES: I personally have,  
14 yes. I have a daughter who is eight years old and  
15 I am going to have to face this problem so I have a  
personal stake in it.

16 MR. CAMPBELL: What do you think  
17 the general reaction of your members are who do have  
18 children? Is it apathetic? Are they still  
19 apathetic, those who have children?

20 MR. STEEVES: I think they are  
21 at the present time. I think in P.E.I. we have the  
22 distinction of being behind the times and I think  
23 we are a little lucky. We do not have the same  
drug problems they have in St. Thomas.

24 THE CHAIRMAN: This is it. What  
25 is the--is there less drug use proportionately here?

26 MR. STEEVES: I believe there is.  
27 I do not know all that much about it, but I know--I  
28 work at the Manpower Centre and I get people  
29 moving back here from Toronto and Montreal and so on  
30



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3 --but it is the growing drug use in the Toronto  
4 and Montreal area. This is one reason.

5 MR. CAMPBELL: What is the  
6 reaction of your members to young people who seem to  
7 be adopting a different life style from theirs?

8 MR. STEEVES: They find it hard  
9 to understand, themselves.

10 THE PUBLIC: A point I disagree with.  
11 I work at the Youth Service Centre and the drug  
12 problem proportionate to Montreal and Toronto is  
13 in proportion to that problem. We do not have the  
14 specific problems with certain drugs but there is  
15 great usage amongst high school students and  
16 university students and amongst other people in the  
17 community. The problem is just about in proportion  
18 to Toronto and Montreal. We are just not propor-  
19 tionate in things like heroin and Demerol but  
20 however these things are coming into the market.

21 MR. STEEVES: You are referring  
22 to marijuana?

23 THE PUBLIC: Marijuana, LSD and  
24 some barbiturates, very few and amphetamines,  
25 in particular.

26 THE CHAIRMAN: I would be  
27 interested in sort of a general consensus of opinion,  
28 as many people who can enlighten us on this as  
29 possible.

30 DR. LEHMANN: I was wondering  
about your statement that you feel quite unable in





your Association to get any grip on the problem. I was wondering what you--how much information you could get from the Interim Report which was designed with the hope that people who otherwise don't know much about it, could in one reading, get an up-to-date view of the extent of the meaning perhaps

what could be done about it or even a considerable amount of knowledge of what the drugs do and what they do not do.

MR. STEEVES: I didn't quite--

DR. LEHMANN: I was wondering why you kept saying that you really felt quite unable to form an opinion about it.

MR. STEEVES: Yes.

DR. LEHMANN: In other words, we have not been able to communicate in the Report enough information.

MR. STEEVES: That is correct. That's right. So that I can make a hard decision.

DR. LEHMAN: Oh, well. Nobody can.

MR. STEEVES: No. Maybe we are not communicating right now. Your Report contained a lot of good information and I learned a lot about it and I think the members of my Club who read it learned a lot about it. But we are still at that half way point. We are still not-- we still haven't got enough. Do you follow me?

DR. LEHMANN: Yes.

MR. STEEVES: We still do not have enough. We still do not have enough to make a



1 definite recommendation.

2 THE CHAIRMAN: In terms of  
3 general -- I'm interested in a question here of what  
4 our expectation is. I have the benefit of a little  
5 bit of discussion and reaction with individuals to  
6 part of our hearings. Our purpose here is to try  
7 to understand the policy of each person who makes a  
8 submission to us. We are not here to defend our  
9 Report; we don't want you to misunderstand what  
10 some person is saying and go away and rely on it  
11 and quote on it. That is our purpose. I am prompted  
12 to ask this here: that there is a basic issue here.  
13 What is our expectation in terms of solution? When  
14 we speak of a solution to this thing, do we think that  
15 there is going to be some answer that is going to  
16 definitely break in determining our decision on what  
17 the law is going to be on this and what we should do  
18 on that? Really, in our Interim Report, we suggest  
19 we see it as a matter of perspective. It is a  
20 complex thing and as a matter of attitudes and  
21 general climate of attitudes and response and an  
22 attempt to sort of appreciate what do we have to  
23 work with in society. I am interested in what you  
24 feel is the expectation for solution. Is it felt  
25 that we are going to get information we can  
26 come to cleancut decisions?

27 MR. STEEVES: I doubt it very  
28 much. I think my particular view would be that the  
29 individual who is going to use drugs was going to use  
30 them anyway, and unless we can really convince



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3 them or unless somebody comes up with some really  
4 devastating good hard educational facts. Otherwise  
5 he is going to continue to experiment. In my  
6 particular case we experimented with cigarettes and  
7 alcohol. I don't see <sup>that</sup> the phenomenon is that much  
8 different. Just, the drug is more sophisticated.

9 THE CHAIRMAN: What has been  
10 said to us across the country is it would facilitate  
11 response and facilitate more constructive approach  
12 if there was better understanding of it as a  
13 phenomenon. If it was seen in perspective. This is  
14 the kind of assumption we have acted on in  
15 attempting to try and put certain information  
16 and perspective forward in the hope this will help  
17 to make it more understandable and help people  
18 work together more easily.

19 MR. STEEVES: I am not at all up  
20 tight about it. Not marijuana anyway. We are not  
21 all up tight about it. Unless we can prove that is  
22 harmful the use is going to grow. If the majority  
23 use it, it is going to be legal whether you change  
24 the law or don't change the law.

25 THE CHAIRMAN: Where do you  
26 think the initiative for example--again we have  
27 heard about different communities having taken  
28 different approaches but there has been quite a lot  
29 of initiative taken to develop this kind of  
30 community organization, I described earlier.  
Where do you feel this initiative should come from  
in the community? Who should start in trying to





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3 develop to work together broadly based representative  
4 community organization that can support action.

5 Where do you think the initiative should come? We  
6 are not here really to activate you but I am  
7 interested in your perception of who is going to do  
8 it because we have to say how we think it can be  
9 done.  
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2 MR. STEEVES: I have been disappointed  
3 that it  
4 is the young people who are taking the moral action  
5 on this more than the people who should be. The  
6 group that I represent, the groups like the doctors  
7 and lawyers and so on, people who should be more  
8 involved are not as involved as they should be.

9 DR. LEHMANN: Do you think that it is  
10 necessary that some action is to be taken in the  
11 community or, as you point out, it will work itself  
12 out in time? Would you just let things go?

13 MR. STEEVES: I am personally baffled.  
14 I don't know what to do. This is the baffling part  
15 of it. I guess that the first thing we come to,  
16 I suppose, is to acknowledge that the problem is  
17 there, and I don't think we have acknowledged that  
18 yet. I don't think that the majority of the people  
19 have acknowledged the problem, first of all, because  
20 we get a very, very naked outlook, especially the  
21 establishment thing. A very naked outlook. Put a  
22 lid on it. Forget about it. That is the whole  
23 problem of the whole phenomenon. But I suppose that  
24 young people today are unfortunate -- our laws are  
25 always behind anyway, our laws are always slow. If  
26 you get enough people -- it is basically what you say,  
27 it is attitude, the attitude is lost. Attitude  
28 changes the community.

29 THE CHAIRMAN: Should the community  
30 give all the reasonable assistance it can in the  
treatment, in the sympathetic reception, or treatment



1 of adverse drug effects, or should the community  
2 say, "Let them run the risks, why should we make it  
3 easier for them. Let the chips fall where they may."  
4 This is a basic question. We gloss over it. But this  
5 has to be brought out on the table because there are  
6 a lot of attitudes that flow from your answers to  
7 that question.

8 MR. STEEVES: I personally feel that  
9 we have not come to grips with the problem, we have  
10 not admitted it, we are not facilitated. It will be  
11 abused.

12 MR. CAMPBELL: Is it reasonable for  
13 groups of young people who are trying to get some  
14 service off the ground to turn to a group such as  
15 yours and say, "Look, we want to do this because we  
16 need support. We need acceptance. We want you to  
17 use your good offices and give us support." Is it  
18 reasonable for them to go to groups such as yours?

19 MR. STEEVES: It is reasonable, but  
20 we cannot promise them anything. I am in a difficult  
21 position. The views that I hold personally are  
22 definitely not held by the members of my association.  
23 We are a very individual group, believe me. The  
24 Jaycees are renowned for their criticisms of one  
25 another and their criticisms of the community, and  
26 their division on policies and division on opinions.  
27 I would say that certainly, if they had some  
28 proposition by all means they could come to grips,  
29 but I don't know how sympathetic their reception  
30 would be. I believe they would have to have a pretty





1 sound proposition. It would have to be pretty well  
2 thought out.

3 MR. CAMPBELL: What is the reaction  
4 of people like yours to the criticisms of many of  
5 these young people making up the society?

6 MR. STEEVES: Pardon me?

7 MR. CAMPBELL: What is the reaction of  
8 people like yours to the criticisms of the young people  
9 in the sort of culture that is making up our society?

10 MR. STEEVES: I think that they probably  
11 agree to some extent. Sometimes I think they are  
12 radical, they go too far, sometimes. I think they  
13 have got to learn to adjust too. They have to  
14 compensate one another. But there is certainly a  
15 justice. Every age has that. I was very critical  
16 at the age of seventeen. I have since learned different.

17 DR. LEHMANN: So, you don't think at  
18 this point that the Jaycees should take preventative  
19 action, you are not concerned that you should take  
20 preventative action? You would rather wait to see  
21 whether there is or there is not going to be a  
22 problem in Prince Edward Island, a major problem?  
23 If there is going to be one then you will face it, then,  
24 but you do not feel that at this point you should make  
25 major efforts to ward something off that might become  
26 a social problem? Is that correct?

27 MR. STEEVES: That is correct. We  
28 have discussed this very point of "What should we do?  
29 What should our role be to deal with young people,  
30 or any people, and drugs?" And we have not made any



1 commitment, no. We feel very, very conservative in.  
2 some aspects. (When you get a hot day, it's dark and  
3 murky, you back off.)

4 THE CHAIRMAN: Gentleman at the micro-  
5 phone?

6 THE PUBLIC: I would like to say that  
7 everybody deals with the problem where you have  
8 something like this. I think the drug cult at present  
9 in Charlottetown is not so out of hand that it cannot  
10 be handled or not be controlled to some extent. But,  
11 the longer you wait -- this is the problem with every  
12 community across Canada, across the United States,  
13 etc., that the drug abuse problem arises and the  
14 original reaction of the community is to shove it  
15 under the rug and hope that it will go away. If it  
16 cannot go anywhere else, it will grow out of here.  
17 It has not grown here so much, so far, but it is  
18 growing rapidly. I think the solution should be  
19 gotten at right now. I don't think that I can tell  
20 the Jaycees what to do but they are in the position  
21 to help, and I think that the time to do it is now  
22 not tomorrow. Now, while you still can do it.

23 MR. STEEVES: What should we do?

24 THE PUBLIC: Well, I don't know. I  
25 do not know what you are capable of doing. As someone  
26 said before you, if you have -- you know what you have.  
27 You know what you have, I don't. So, you know.  
28 But, this is just one possibility.

29 MR. STEEVES: How many kids are going  
30 to listen to me? The old, straight, middle-aged, tie,



1 short hair.

2 THE PUBLIC: I will listen to you.  
3 I'm listening to you right now.

4 MR. STEEVES: Thank you very much.  
5 That is a compliment.

6 THE PUBLIC: It is not a compliment,  
7 it is a courtesy.

8 --- (Applause)

9 THE PUBLIC: What you have just said  
10 about me and short hair --why don't you come down to  
11 Youth Services some time and see the youth, and see  
12 what we have of it. You say, "Put forth a substantial  
13 proposition". Well, as far as action goes, the fact  
14 that we are interested, we have organized some-  
15 thing that the young people in this community -- I  
16 don't know, we have gone half-way. If you can help  
17 us, support us, in any way, I am sure we would  
18 appreciate it. I don't know if young people are  
19 going to go to any of the older people for help  
20 now, because I think it is just that your attitude  
21 has developed an alienation to us and the gap is on  
22 our side. And, I think that drug abuse, the problem  
23 of drug abuse is a symptom of that alienation, and  
24 the alienation is a hostility that you can build  
25 up in terms of "straights", "squares", and you get  
26 something like this.

27 MR. CAMPBELL: Mr. Chairman, I would  
28 like to ask the gentleman who was at the microphone  
29 a moment ago -- he said there was a growing problem  
30 of drug use. What do you mean by "problem". What





1 is the problem that you see here?

2 THE PUBLIC: Well, this again, gets  
3 into personal intercourse. I see kids using drugs  
4 for reasons which I can't justify, or because, may,  
5 I am not adjusted; getting into drugs like speed, things  
6 like that. Now, an example of getting out of hand --  
7 I don't believe anyone right now is selling speed  
8 or psilocybin. There are people who are doing it,  
9 but you have to leave this province to get it. But,  
10 we are still on top of it all. It has not gotten  
11 out of hand yet. But how long that will be true,  
12 I do not know. It is that much more of a problem  
13 unless something is done about it, and I think as  
14 the person said a minute ago, the youth community here,  
15 we are trying to do something about it and we need  
16 the help of the rest of the youth.

17 THE CHAIRMAN: Yes. What can you do  
18 about that, though? Mr. Steeves asked, "What can we  
19 do about it?" You say you do not have speed trafficking  
20 on this island. What kind of action, useful initiative,  
21 is to be taken on that initiative, as far as possible?  
22 Do you have any ideas?

23 THE PUBLIC: Perhaps, to choose another  
24 example, because that is sort of hard to deal with,  
25 I suppose the youth community can do something with  
26 themselves. With our organization, people show up,  
27 we make sure that they do not sell anything; as far  
28 as the Youth Services or whatever, the organizations  
29 we are talking to about preventing drug use, I think  
30 it would be -- it is a very difficult problem. In



1 many cases drug abuse is a symptom of greater ill;  
2 people not understanding what they are doing and have  
3 got no respect in their lives, and are not respecting  
4 what they are doing. And so, I guess, they need a  
5 lot more awareness on the part of people and a lot  
6 more togetherness in the community, more communication  
7 going on. I think the Establishment places the Youth  
8 Services in the position, of clusters, this sort of  
9 thing. I realize this is a very small part of it.  
10 I think that what is needed is that the community  
11 beginning to <sup>go</sup> /together, and everything is OK.

12 And -- can you see what I am talking  
13 about?

14 THE CHAIRMAN: Yes, the community,  
15 you said, beginning to go together.

16 THE PUBLIC: Yes, the establishment  
17 of places like the Youth Centre, like has been  
18 mentioned before, the Youth Centre that has been  
19 established, and people can come and express them-  
20 selves and this sort of thing. But, the idea of this  
21 sort of things growing, and the people thinking,  
22 well, it is our flunking house. I like to see a  
23 relaxed atmosphere where people go to come apart,  
24 everything has to be expressed; get up on the stage.  
25 But, like the Youth Services, it is their Youth  
26 Services, and like that. But, this becomes a little  
27 bit mixed in with the community, and people beginning  
28 to feel like it is not acid they are after, the acid  
29 or something -- it is just the -- the Youth Services  
30 is just one way to solve the majority of things. It



1 is a symptom of a greater problem.

2 MR. STEEVES: You want an atmosphere  
3 of trust then; that is what you are saying?

4 THE PUBLIC: Yes.

5 MR. STEEVES: On the same topic, we had  
6 a seminar and we had two chaps from the Centre, the  
7 Drug Crisis Centre -- they handle the hard cases;  
8 they go out on the street, anywhere, twenty-four  
9 hours a day. We put the question to them, "What can  
10 we do? What can the Jaycees do to help you?" And,  
11 the answer we got was, "Well, give us money. Buy us  
12 a house", and all this jazz, "But, don't come near us.  
13 Don't go in there. Don't come down and give us a hand.  
14 Don't enter the premises or anything like this. Just  
15 support us financially."

16 I can speak from the philosophy that  
17 this is not sufficient. Financial help is not  
18 sufficient in the way we think. We want to become  
19 involved. We don't want to just issue money to some-  
20 body and let them take the action, because we want to  
21 take the action too.

22 THE CHAIRMAN: Gentleman at the micro-  
23 phone?

24 THE PUBLIC: Who were the two people  
25 that you were talking to?

26 MR. STEEVES: Ian Ferguson and a little  
27 short fellow with blond hair. He did not say too much.  
28 I forget his name, anyway.

29 THE PUBLIC: Well, I think you should  
30 sort of refrain from using Insight as an example.





1 MR. STEEVES: That is only one example.  
2 There were two other groups there.

3 THE PUBLIC: I mean, Insight as an  
4 example, is not run along the same line.

5 MR. STEEVES: I am not comparing the  
6 two, no.

7 THE PUBLIC: And there have always  
8 been disrupting powers. That is, among staff. They  
9 are doing the job, but as far as money, and things  
10 like that ---

11 MR. STEEVES: I was not trying to  
12 compare your two groups. I was just trying to explain  
13 that we have a lack of trust. We have a very real  
14 lack of trust here. When you say to a man, "Well,  
15 what can we do to help you?" And he says, "Well,  
16 write me a cheque and forget about it. I'll look after  
17 that."

18 THE PUBLIC: Then it is time not to  
19 trust him.

20 MR. STEEVES: I would say so. I would  
21 say it would be a mutual lack of trust then.

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MR. STEEVES: Right.

THE PUBLIC: We don't want your money that bad.

THE PUBLIC: I would like to expand a little bit on the problem. I think it has been uncovered, recovered and uncovered and recovered several times over. I think one of the best ways in which we can start working on the resolving of the problem and perhaps gaining more insight, the problem is here and it is going to continue for a while. We all know that--and that is by keeping the flow of communication open and like we are doing right here now and in order to do this, you've brought the other aspect up--trust. All right, how are we going to maintain this trust? One of the problems and the reason why we find it, I can only speak for myself, I find it difficult to relate to so-called--and you used the word straight people--is the basic fear and apprehension. There is a problem of drugs. There are also other problems which are more broad and expanding and this has to do with the basic value system, the basic institutions. The family and the social institutions. The education and the church or whatever. You ask yourselves a question and many of you have been asking yourselves the question, "Why are kids today leaving home? Why are they wanting to go out and get on welfare and away from home? Where do we begin exploring this? What is happening at home? Why are kids dropping out of school? Why are they



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3 denying and starting to find their own values as  
4 they see them?" It is the freedom, and I think,  
5 Tom talked about this just a second ago, the freedom  
6 to talk about what is going through our heads. The  
7 experiences that we encounter and the things that  
8 we have learned and to diminish the fears and  
9 apprehensions that we have and the fears and  
10 apprehensions you have, as well, I think we should  
11 establish more communication and more dialogue  
12 where old and young can get together. We have a  
13 chance here--here and now--if we begin to bridge--  
14 I wouldn't say a communication gap or a generation  
15 gap, I refer to it as an awareness gap. An awareness  
16 of others and ourselves, and how we deal with those.  
17 We have a chance now to begin to explore, not solve.  
18 Solving this problem is a long-range goal but we  
19 begin to explore and learn as we explore. By doing  
20 this perhaps avert many of the problems that have  
21 developed elsewhere. Problems with the police, long  
22 jail sentences, lack of communication, breaking and  
23 entering and so on. I could probably name a list  
24 a mile long and where the polarization process begins  
25 to occur. Now the polarization process begins to  
26 occur when we stop communicating. We get frustrated  
27 because we can no longer communicate and you get  
28 frustrated because you can no longer communicate.  
29 Now it can happen here. One thing has been going  
30 on in the minds of Canadians over the past period  
and in many senses this is as kind of a proud  
nationalistic attitude, that it can't happen here





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2  
3 like in the United States. It has happened here and  
4 it can happen right here in Prince Edward Island and  
5 happened right here in the Maritimes. It is  
6 really up to you whether you want to stay with this  
7 illusion: It cannot happen here. This is the island  
8 and the problems don't exist here. That is all I  
9 have to say.

10 (APPLAUSE)

11 THE CHAIRMAN: Any other  
12 questions or statements for Mr. Steeves? Thank you  
13 very much Mr. Steeves. I call now on Mrs. Peter  
14 Gleeson, P.E.I. Federation of Home and School  
15 Associations.

16 MRS. GLEESON: First of  
17 all we would like to thank you for the opportunity  
18 of expressing our views on the conclusions of  
19 the Commission and Interim Report.

20 Home and School wishes to  
21 reiterate its stand as presented before the Honorable  
22 Members of the Commission in February. Namely, that  
23 penalties on youthful first offenders be eased, and  
24 that severity of penalties against pushers be  
25 vastly increased. And further, that a massive  
26 educational programme is what is needed.

27 We would like to commend the  
28 Commission on its paragraph 469 concerning Tactics  
29 of Law Enforcement. A resolution covering this  
30 very aspect was passed at the national meeting of



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3 Home and School in Toronto in July, 1969. And I  
4 would like to read this resolution to you: Whereas  
5 the abuse and use of drugs by Canadian youth are  
6 questions of vital concern to both youth and adults  
7 and whereas the psychedelic drugs such as lysergic  
8 acid, diethylamide are available and the buyer  
9 is never certain of the potency of the drug he is  
10 buying and whereas trafficking in narcotics is an  
11 offense under the Narcotics Control Act and whereas  
12 means of obtaining proof by our law  
13 enforcement agencies require resorting to devious  
14 and demeaning tactics which tend to alienate youth  
15 from the law making and law enforcing bodies whose  
16 image at present is at an all-time low, and therefore  
17 be it resolved that the Canadian Home and School  
18 and Parent-Teacher Federation urge the federal  
19 Government of Justice to examine the present  
20 requirements entailed for a conviction of traffickers  
21 to eliminate the demeaning tactics which must be  
22 used by our law enforcement bodies and be it  
23 further resolved that the Canadian Home & School  
24 and Parent-Teacher Federation petition the federal  
25 Department of Justice to amend the law to stress  
26 treatment and rehabilitation of drug users rather  
27 than their conviction.

28 It would certainly seem for a  
29 law enforcement officer, to have to break the law  
30 in order to enforce it would certainly seem to be  
a travesty of justice.

Seriously, we must take a



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3 great exception to the inclusion in the report  
4 of letters which almost have the flavour of  
5 testaments, written by teachers, about the delights  
6 of spending the weekend smoking marijuana. Our  
7 teachers should be setting an example for youth,  
8 not condoning and seeming to recommend, the delights  
9 of the drug which has been regarded as dangerous  
10 and harmful for at least 2,000 years. It is our  
11 opinion that far more research is required before  
12 we could possibly state that marijuana is harmless.

13 Since our late Attorney General,  
14 Mr. Elmer Blanchard, is not here to speak for  
15 himself, we would like to point out that he felt  
16 strongly that the Commission had accepted evidence  
17 which supports favorable attitudes to marijuana  
18 while qualifying or negating evidence on the  
19 harmful effects. These views he made known in  
20 Halifax in July.

21 It is the feeling of Home and  
22 School that the real need is to seek out the  
23 why. Why are you turning to drugs?

24 In discussion with them we are  
25 told that it is the 'in' thing--you are not 'with  
26 it' unless you are a drug user. One uses it and  
27 urges another to try it. Dr. J.D. Griffin,  
28 Executive Director of Canadian Association of  
29 Mental Health, tells us that the misuse  
30 of drugs by youth is a symptom of despair; it





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3 shows a lack of purpose and commitment on their  
4 part. They are searching for a meaning to life.  
5 It is a cry for help on their part. Instead of  
6 condemning let us see how we can help.

7 We are all too well aware that  
8 we are living in a chemical society. A pill for  
9 every ill. Suffering and struggle are no longer  
10 regarded as virtues. We are conditioned to wanting  
11 easy answers and easy solutions. We are living in  
12 an age of terrific pressure and revolutionary  
change. Our values are being rejected.

13 We are accused by youth of  
14 being too materialistic. We have little to show  
15 for our efforts, they tell us, but war and violence,  
16 and the possibility of instant annihilation. Many  
17 youngsters feel that they will not be alive ten  
years from now, so why worry about tomorrow.

18 This is brought out in your  
19 report.

20 The Home & School Association  
21 feels strongly that mass media, by disseminating  
22 information without guidance, by reporting the  
23 sensational instead of the helpful, have further  
24 confused young and old alike. So much stress is  
25 placed on the increase of leisure time, work  
26 weeks reduced to three days, the computerized  
27 existence of tomorrow. It would seem that youth  
28 turns to drugs in a sense of desperation. They  
29 feel they are living in a state of goallessness.  
30 In this void they are perfect subjects for any  
wind that blows. If you have no long-range



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3 plan of accomplishment, it is all too easy to  
4 fall into the habit of opting out.

5 Being troubled members of a  
6 troubled world is not a new experience. Inevitably,  
7 many people turn to drink or drugs for salvation--  
8 in perfect salvation there would be--often leading  
9 to the psychiatric couch, the hospital, or the  
grave.

10 The dangers of drinking and  
11 driving are wellknown and yet over 50% of our  
12 automobile fatalities are traced to this cause.  
13 The adult world is not setting an example for our  
14 young people to follow which would lead to the  
15 right attitudes and the right actions.

16 We would say to parents and  
17 teachers that it is up to you to help youth find  
18 its way. We are all too well aware that education  
19 and remotivation are agonizingly slow. No trend  
20 is more difficult to reverse than an inclination  
21 towards self-destruction. But education is what  
is needed.

22 We are told that youth are  
23 filled with a sense of boredom, or an unsatisfying  
24 home situation; they blame "the kind of world we  
25 live in". We must provide them with alternatives  
26 which are service to mankind; making academic  
27 curriculum relevant; giving students more responsi-  
28 bility in running their own high school; and, most  
of all, education about the drugs and drug abuse.

29 We feel that here in Prince  
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3 Edward Island much has already been done. The Allied  
4 Youth organization has 5,000 members, all  
5 teenagers, involved with youth and their problems.  
6 Here is a positive programme. They are being  
7 involved in a non-drug, non-alcoholic situation  
8 and proving that you can have a good time without  
9 being "turned on". The recently opened Youth  
10 Services Centre is, hopefully, a giant step in the  
11 right direction where youth can come and exchange  
12 views and receive guidance when guidance is asked  
13 for.

14 Example is the best  
15 teacher. Love, caring, concern. A comment made by  
16 a student: : "Parents should try to keep emptiness  
17 out of their children's lives. Then they wouldn't  
18 have need to use drugs." Parents should take heed.

19 Parents must have a deep,  
20 solid and loyal love between themselves and they  
21 must cherish their children which have been given to  
22 them by God.

23 Children today have never received  
24 so much in the way of temporal goods. But they have  
25 never been denied so much of what they need to  
26 develop into normal human beings--namely love, faith  
27 and trust.

28 To youth we would say that the  
29 older generation are, after all, not all bad. A  
30 great deal of progress has been made since the  
days of the depression and the "dirty thirties".  
The United Nations itself is a monument to the good





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3 faith of people throughout the world. UNICEF, CARE,  
4 CUSO, all these are evidence of goodwill towards  
5 men. Social welfare legislation has been enacted,  
6 family allowances, old age pensions, and now  
7 Medicare. Special education programmes have been  
8 set up for the mentally retarded, the disadvantaged  
9 child, the "bottom third" who were once tucked away  
10 in back rooms and shut off from the rest of the  
11 world.

12 We would like to say to youth  
13 that you should remember what a perfect piece of  
14 machinery God has given you. Respect your bodies  
15 and your brains. If you lose a limb it can be  
16 replaced. We have perfected the kidney transplant.  
17 We have even replaced hearts but no one has figured  
18 out a way of giving you a new brain. You must make  
19 is last your life span.  
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1                   Take care of it. Don't destroy it  
2 wantonly with the use of such things as the psychedelic  
3 drugs or hallucinogens. It is you who must assume the  
4 responsibility for your own lives. And I should like  
5 to quote from two well known authors. The first  
6 quotation: "Our youth have bad manners, contempt for  
7 authority; they show disrespect for their elders.  
8 Children are indeed tyrants; they contradict their  
9 parents and they terrorize their teachers."

10                   And the other quotation: "There are  
11 those, teachers and students alike, who bemoan their  
12 times as lost, with long hair, unkempt, and bodies  
13 unwashed. They are sick and would inflict their  
14 sickness on all who ignore or desire them."

15                   The first quotation is Socrates',  
16 400 B.C., and the second, Confucius, 500 B.C.  
17 --- (Applause)

18                   It would seem that modern youth is  
19 not as modern as they would like to have us believe.

20                   Home and School feels that we must  
21 establish priorities. We must put more emphasis and  
22 more dollars into researching means of how we are  
23 to live with all the stresses which have developed.  
24 Our young people are our greatest resource. Surely,  
25 their needs must be our number one priority.

26                   Thank you very much.

27                   THE CHAIRMAN: Thank you, Mrs. Gleeson.  
28 The gentleman at the microphone?

29                   THE PUBLIC: You made reference to  
30 penalties; stricter laws on pushers. What do you



1 mean by "pushers".

2 MRS. GLEESON: I think this point was  
3 brought out this afternoon, wasn't it, that there has  
4 not been a scale established based on the quantity  
5 that has been trafficked.

6 THE PUBLIC: Under Narcotics Control,  
7 trafficking does not necessarily mean somebody that  
8 accepts money from someone. It also sometimes means  
9 one joint passed from one person to another. By  
10 Narcotics Control, it means that one <sup>guilty of</sup> is/trafficking.  
11 I was wondering what your terms of reference were for  
12 a pusher. Do you mean pushing as a business, or ---

13 MRS. GLEESON: As a business. This is  
14 what we had in mind.

15 THE PUBLIC: But then you are setting  
16 up different levels.

17 MRS. GLEESON: The big guys, because;  
18 usually what is the sad fact, is when drug arrests  
19 are made it is usually the little fall-guys who get  
20 caught and not the big operators. It is much the same  
21 as organized crime.

22 THE PUBLIC: I agree with you completely.  
23 --- (Applause)

24 THE PUBLIC: I want to agree with one  
25 point you made, and this is of parents setting a good  
26 example, and I wonder if it has been a good example.  
27 The second thing I want to bring out is that -- I want  
28 to bring out a point that was brought out this after-  
29 noon by Tom about trafficking. It is a crime because  
30 with a certain amount you can be arrested. It is a crime





1 no matter how much a person is caught with. Who is  
2 to say what is their use besides themselves. I want  
3 to know what your feelings are on that, because that  
4 relates to trafficking, merely because you possess  
5 more than somebody thinks you can smoke in a day,  
6 but if somebody is caught with a pound of grass,  
7 who is to say whether he couldn't sell it, or whether  
8 he would keep it in his cupboard and smoke it all week.

9 MRS. GLEESON: I think this is what we  
10 have managed to establish; the age factor should be  
11 taken into consideration, for one thing. The age of  
12 the offender and the number of instances. This is  
13 one of the things that we brought out in February,  
14 that first offenders should not be penalized in the  
15 way that they are being penalized, in the way that  
16 could affect the rest of their lives; keeping them out  
17 of university, and this sort of thing. We are very,  
18 very much opposed of this implementation of the Nar-  
19 cotics Control Act.

20 THE PUBLIC: I want your personal  
21 opinion, though, on what you think the laws should  
22 be. You said the laws should be made more strict  
23 for traffickers.

24 MRS. GLEESON: For traffickers, and  
25 altered for first offenders.

26 THE PUBLIC: Well, if someone is arrested  
27 for possession, they could be arrested for attempted  
28 trafficking. I know my intentions for whatever I am  
29 going to do and nobody else knows. I do not know the  
30 intentions that go on in your head.



1 MRS. GLEESON: Are you defending  
2 traffickers, per se, or yourself?

3 THE PUBLIC: I am not defending  
4 traffickers. I am just trying to make a point, but  
5 I would like to hear your personal opinion.

6 MRS. GLEESON: My personal opinion is  
7 that the only way you can do anything about this is  
8 to educate the possible victims of their own actions  
9 to the dangers inherent in the use of the kind of  
10 drugs that they are using, <sup>in</sup> the experimentation that  
11 is going on. There are points of that type that are  
12 brought out in the report, and I think this is where  
13 the stress must lie. We do have laws and I certainly  
14 hope that they don't intend to make them any looser  
15 than they are now. I think there are far too many  
16 holes already. I think laws are made because people  
17 need them, and until they are far better educated,  
18 then, now, we cannot afford to, shall we use the term  
19 "legalize" marijuana or anything else. This is one  
20 of the points, I would like to say, that I was surprised  
21 to note. In Miss Bertrand's statement of disagreement  
22 with the Commission, she held the view that marijuana  
23 should be legalized ---

24 THE CHAIRMAN: If I may, Mrs. Gleeson,  
25 it is stricly that Miss Bertrand felt that there  
26 should no longer be a prohibition against simple  
27 possession for use. She did not say that marijuana  
28 should be sold or manufactured or sold by the govern-  
29 ment. She simply disagreed in this submission, this  
30 was the only point disagreed with, on the question of



1 simple possession for use of cannabis being a criminal  
2 offence. It is being inferred that ---

3 MRS. GLEESON: Yes, it gave that  
4 impression. It is an enormous document and we did  
5 not have the time to get the impression; but reading  
6 that quickly it did give the impression of simply  
7 legalizing marijuana.

8 THE CHAIRMAN: I concede that that is  
9 the impression that might have been given by certain  
10 of the press.

11 Gentleman at the microphone.

12 THE PUBLIC: We are talking about  
13 trafficking and increasing penalties towards traffic-  
14 king and reducing the penalties for its use and  
15 possession. I fail to see what we would really do  
16 in fact. Already we have sent the drug scene under-  
17 ground and we have involved criminal types other  
18 than children, kids, young people experimenting with  
19 drugs; we have encouraged criminals. Criminals will  
20 use any means to make money. If you are going to  
21 increase the penalty for its trafficking, you will  
22 increase the number of traffickers. But, granted,  
23 the people who traffic will be the worst sort, the  
24 worst kind, who will stop at nothing to make a dollar  
25 and give no consideration to what they are selling.

26 MRS. GLEESON: Well, the Narcotics  
27 Control Act has a provision for life imprisonment  
28 for this type of thing.

29 THE PUBLIC: We certainly have that  
30 now.





1 MRS. GLEESON: But it does not seem  
2 to be enforced. This is the sad thing.

3 THE PUBLIC: Do you hope that it would  
4 be enforced?

5 MRS. GLEESON: It is very difficult.

6 THE PUBLIC: We have not stopped trying  
7 in Canada yet.

8 What I am trying to say now, somebody  
9 is selling marijuana to high school kids, it is very  
10 likely another high school kid. He would be concerned  
11 with the quality he is giving, whereas if you increase  
12 the laws he will get involved with people who are  
13 notorious for any means at all. Mafia is one. These  
14 people are much more intelligent, much more organized,  
15 and it would take a good deal more of police pressure  
16 to stop them then than it does now. And, what I am  
17 trying to say, is that with this change of law, where  
18 you go through the phase of letting people think it  
19 is all right to use it, and it is not quite trafficking,  
20 you will encourage worse people to traffic in it and  
21 then there will be more traffic. It will not reduce it.

22 MRS. GLEESON: Do you think removal of  
23 the law will discourage them from trafficking?

24 DR. LEHMANN: Do you mean it will bring  
25 more professional pushers in then, and eliminate the  
26 amateur pusher, and bring in only the professional  
27 pushers?

28 THE PUBLIC: Yes. And these people,  
29 I know this could be. There are possibilities that  
30 it is not the drug that they are selling, but an attempt



1 to addict somebody else. And this has been stated  
2 before. This is not happening now. It is illegal,  
3 but professional people do this, and this is what will  
4 happen to your attempt to stop trafficking. You will  
5 just wind up fighting something greater than you ever  
6 thought existed.

7 THE CHAIRMAN: Is it your point that it  
8 will make it more difficult to suppress trafficking  
9 if you remove the prohibition against simple use of  
10 the drug?

11 THE PUBLIC: My point is, your attitude  
12 or what is being proclaimed, is not a proper attitude.  
13 I think what is necessary is maybe an approach the  
14 same as Great Britain's where the government tries  
15 to control the drug. In that way they also control  
16 the quality of the drug. If people want to use the  
17 drug, then they can get the drug. They are not  
18 getting something they don't know about. They are  
19 not using something they should not be getting.

20 DR. LEHMANN: Right now you were  
21 addressing yourself to the proposition that traffickers  
22 should/<sup>not</sup>be punishable harshly. This is what you were  
23 referring to. Your point is that if this would be  
24 done then the kids would no longer dare to traffic  
25 and they would be entirely dependent on professional  
26 pushers. Is that the point you are trying to make?

27 THE PUBLIC: Yes, that is the point I  
28 am trying to make.

29 THE PUBLIC: One point again, on  
30 trafficking. I think that there are a number of people,





1 one example in the community, like a lot of kids who  
2 are not about to change what they are; in this case,  
3 say, cutting their hair, changing their style of  
4 dress, or something, and because of that they find  
5 themselves with no means of supporting themselves.  
6 So, a lot of these kids will turn to trafficking of  
7 drugs. This is the only way they can do it. So, I  
8 believe it would really be a good thing if, perhaps,  
9 some people in this community, who are in the position  
10 to employ people, would realize this, instead of  
11 sitting back and saying, "I will not accept this  
12 guy's life-style", or something. I think the real  
13 way to deal with it would be to accept the fact that  
14 some people have different values, etc., and to hire  
15 somebody on the basis of what kind of job he will  
16 do, not on how he looks. So, therefore, you will deal  
17 with a lot of people. In this way you will cut down  
18 a lot of kids being involved in trafficking. I have  
19 seen that happen all across Canada. I know of some  
20 people who were putting themselves through university  
21 just like this, and it was the only way that they  
22 could support themselves. It is the only job that  
23 they can get.

24 MRS. GLEESON: Trafficking, you mean?

25 THE PUBLIC: Right. I know a lot of  
26 people who just do not feel it is right, and I agree  
27 with them, that they should change what they are to  
28 be able to live. So, they figure it is a lesser  
29 evil to traffic in drugs than to change what they  
30 are, you see. It is the wrong way of feeling, to sit





1 back and say that they just totally will not have  
2 anything to do with them, and it is the only way to  
3 deal with them, this way. What do you think about that?

4 DR. LEHMANN: Do you feel that it doesn't  
5 matter what is legal or is not legal, but what matters  
6 is that when somebody feels it is evil or is not evil,  
7 and if somebody feels it isn't evil, then it doesn't  
8 matter if it is legal or not?

9 THE PUBLIC: That is not the philosophy  
10 of "evils" and "legals".

11 DR. LEHMANN: The "evil" and the "illegal"  
12 is not the same to you?

13 THE CHAIRMAN: <sup>Should</sup> /we be the judges of  
14 what laws we are going to obey?

15 THE PUBLIC: There are laws which have  
16 to be followed, which have to be justified, that we  
17 will follow. There are certain laws -- let us say  
18 that we believe that we should drive on the west side  
19 of the street. You could say, "I think it is better",  
20 and you will go along ---

21 THE CHAIRMAN: What are you saying?  
22 Are you in fact saying that we should be judges of  
23 what laws we should choose to obey?

24 THE PUBLIC: This is a different  
25 situation.

26 DR. LEHMANN: For instance, if somebody  
27 wants to get through college and has no money and he  
28 decides to shoplift and work himself through college  
29 that way, would that help?

30 THE PUBLIC: I am not saying that these



1 people who are trafficking drugs to get through  
2 college are doing the right thing. I am saying, let  
3 us prevent this thing from the top, and saying I  
4 cannot understand what happens, but I am just saying  
5 that ---

6 DR. LEHMANN: It is understandable  
7 that somebody will shoplift to get their education  
8 if they cannot get it any other way.

9 THE PUBLIC: Well, my answer is, let  
10 the people who decide that they want the education,  
11 who are capable of going to school, let them not  
12 shoplift to do it. That is all that I am saying.

13 --- (Applause)

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I have been thinking about you a great deal lately

and wondering how you are getting on in life

I hope you are happy and successful in all your undertakings

I am just as well as ever and hope to hear from you soon

I am sure you will find me the same old friend

and I am sure you will find me the same old friend

I am sure you will find me the same old friend

I am sure you will find me the same old friend

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THE PUBLIC: Excuse me I'm going to talk just a second. I would like to make the invitation for anyone who would want any more information and like to offer some aid to get together to discuss plans for youth and in the city to come to Youth Services Centre, on 185 King Street, or contact us through 24-289 and we will be glad to listen, or talk, discuss and probably plan together.

THE PUBLIC: We are open 24 hours a day.

MR. CAMPBELL: I would like to come back to your recommendation concerning education. I wonder if you would expand for us what you believe the purpose for education should be? What should it aim to do?

MRS. GLEESON: Surely aim to make youth aware of the possible dangers to themselves. There is a point you bring out in your report. I wonder how many young girls who get themselves involved with drugs are aware that a baby born of a dependent mother suffers from withdrawal pains and could die if not treated with drugs to help it. I had no knowledge of this. I wonder how many people were aware of such a thing. I feel these are the things which must be stressed; the inherent dangers that are in these drugs and what it can do to you and your unborn child. I think this is where you must put our emphasis. We must make them aware what they are doing to their bodies by using these various drugs. Surely this is the first step. First of all, parents have to be aware that it is





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2  
3 a possible danger and it is a very real thing and  
4 it is here and they will not be able to shut their  
5 eyes to it. We stated at the beginning, there is  
6 a crying need for massive education. None of the  
7 general public is aware of the real dangers. We  
8 have to start to make them aware. Especially youth  
9 and you have to start when they are young. You have  
10 to start on them when they reach the age of reason of  
11 7. I think this is where we must start. We have  
12 to educate youth and adults to the dangers of drug  
addiction.

13 MR. CAMPBELL: We have had a  
14 number of propositions put to us about education. The  
15 proposition that the dangers should be emphasized  
16 and others say that education should be aimed at  
17 providing the basis for informed choice. I think the  
18 implication there is that education doesn't deal  
19 exclusively with the dangers but would take  
20 many perspectives of drugs. Your position would be  
that the element of danger should be primary.

21 MRS. GLEESON: I think it must  
22 be stressed, certainly. But it must be an informed  
23 public. We must let the public know what is  
24 happening and what can happen to those who use it.  
25 If they choose to use it, then that is their affair.  
26 But one hears so often, ". . . but I didn't know it  
27 could do this to me." Certainly you have to start before  
it happens.

28 MR. CAMPBELL: What is your  
29 reasoning for having faith that the educational  
30



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2  
3 institutions can be effective in this regard?

4 MRS. GLEESON: If we have no  
5 faith in our educational institutions, then we are  
6 in a sort of plight; aren't we.

7 MR. CAMPBELL: Recently in one of  
8 our hearings, a gentleman involved in education  
9 expressed the view that he didn't have much hope  
10 that education would be effective and he cited  
11 alcohol education, in his view, as an example of an  
12 attempt that had failed. Have you any feelings about  
13 that sort of remark or about the type of education,  
14 if you agree with him, might be more successful?

15 MRS. GLEESON: I can't--I do not  
16 think you can just say to do it is wrong. You have  
17 to prove your point. This is the thing. I think  
18 defensive driving is a very good example. I have  
19 spoken to many people who have taken this course  
20 in defensive driving and you hear statements like  
21 "Good heavens, I have been driving since I was 18  
22 and I never knew and had no idea of all the things  
23 I was doing wrong." But surely this is the same  
24 idea. You want to enlighten people to what they  
25 can do wrong with their own bodies. It is all you  
26 can hope for. You can only tell them and then they  
27 will have to make the choice themselves.

28 MR. CAMPBELL: Who do you feel  
29 are the people who should carry on the drug  
30 education?

31 MRS. GLEESON: Informed people.  
32 I think this Youth Services Group have the right idea.



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3 They have people in their group who are experts  
4 like Dr. Brown, who are experts from the medical  
5 point of view. People involved as counsellors,  
6 religious advisers, this I think--as I said in my  
7 report--they have taken a giant step in the right  
8 direction and the more people you get involved in  
9 this sort of thing, the better. This sort of thing  
10 will lead to get together and, as Tom pointed out,  
11 we must communicate with one another and help  
12 each other, really. Because all too many parents  
13 are not aware that they have failed their  
14 youngsters. We can all say that we must help in  
15 this.

16  
17 THE PUBLIC: An idea just popped  
18 into my head which I do not really know if I believe  
19 or not. I haven't thought of it very much. To a  
20 certain extent I do believe we not only have a drug  
21 culture, but we have a cultural revolution going on  
22 and like all revolutions or all movements, it has  
23 certain heroes in its culture, revolution, Che  
24 Gueverra, Chairman Mao and sort of the emphasis of  
25 our present day society. The pusher, to a certain  
26 extent, has sort of become a hero of this revolution.  
27 It is okay for Che Gueverra, he has grabbed his gun and  
28 gone on to Bolivia and got killed and becomes  
29 a hero. You really sincerely like to disagree with  
30 many of the things going on in our society but we are  
really in sort of a bind because we don't want to  
go out and throw bombs and pick up a gun and do not  
know if it is a good idea or not and are sort of





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3 peaceniks, etc. etc.. This idea of rebelling is  
4 a thing perhaps. What can we do is drop some acid  
5 or smoke some marijuana or something. To a certain  
6 extent perhaps there is a myth being created and I  
7 am saying this more perhaps just to provoke some  
8 debate. Somebody perhaps might jump on me or something.  
9 It would be great. What happens if you destroy the  
10 myth of the pusher and make it legal. There is  
11 always going to be a few people who would do speed  
12 or something like that and end up in an early grave.  
13 That is unfortunate, but even that is considered  
14 cool to a certain extent. What will destroy the  
15 myth of the pusher and what will happen? What we  
16 might do is slow down the cultural revolution which  
17 is a very scarey thing. We have real freaks like  
18 Fred Hoffman and Jerry Ruthman running around.  
19 Another thing you might do is when you do away with  
20 the myth perhaps a lot less people will do marijuana  
21 and LSD and such because it's no longer groovey.  
22 I thought I would just throw it out because it is  
23 in my head.

24 THE CHAIRMAN: Would you excuse me  
25 just for a minute so I could call the next submission.  
26 Mrs. Mildred Brown, New Glasgow United Church.

27 Excuse me.

28 THE PUBLIC: This is a question  
29 for Mrs. Gleeson. She said she would like the truth  
30 to be delivered to the kids and the dangers should be  
emphasized. I read the literature distributed  
to those kids and it was scare literature only, and  
what<sup>will</sup>/happen is, when one would read only



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3 about the dangers associated with the drugs, he will  
4 ask himself "Is that the truth, the whole truth and  
5 nothing but the truth?" To many people on drugs, no.  
6 Many people are talking about this personality change  
7 they are undergoing and they enjoy this personality  
8 change. They want it.

9 They are talking about reduction of  
10 anxiety which they are looking for. They are  
11 talking about elation or better feeling, which they  
12 were looking for. In the literature we find one  
13 study concerning the chromosomal change and another  
14 study about psychosis and perhaps that is all. If  
15 somebody wants the truth perhaps the literature  
16 should contain the other side, too, and a platform  
17 should be established for debate. Thank you.

18 MRS. BROWN: Mr. Chairman, I am  
19 representing the New Glasgow UCW and on their behalf  
20 present the following comments.

21 At the monthly meeting of the  
22 New Glasgow United Church Women it was unanimously  
23 approved that our views on the non-medical use of  
24 drugs be presented to the Le Dain Commission. Our  
25 society wishes to go on record as opposed to the  
26 relaxing of the laws concerning the non-medical  
27 use of drugs and opposed to the legalizing of the  
28 sale of marijuana and other such drugs.

29 It was felt that the greatest  
30 stress should be placed on law enforcement and  
prevention of trafficking in these drugs.

Respectfully submitted, Mrs. Myra Moffatt, President  
and Mrs. Georgina Daycall acting Secretary.



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3 THE PRESIDENT: Did you say  
4 greater stress should be placed on the laws  
5 respecting trafficking?

6 MRS. BROWN: Yes sir, I did.  
7 I would also, if it would be possible, this is just  
8 on my own -- if we could know just where some of  
9 these characters that are standing up for drugs,  
10 if they would tell us what part of the country or  
11 part of the world they are from. As I look across  
12 the audience, I realize very few of them are  
13 Prince Edward Islanders. People that come to a  
14 province shouldn't start to change everything in the  
15 province for the worse.

16 THE PUBLIC: Maybe we should get  
17 up one at a time and identify ourselves. I have  
18 spoken earlier. My home is New Brunswick and I have  
19 lived on the Island for 3 years. That is my only  
20 reference. On the other hand we probably identify  
21 ourselves. We are involved in it and have been  
22 through a crisis in our lives and see possibly there  
23 is a need for aid and would like to offer that  
24 assistance.

25 THE PUBLIC: I am a citizen of  
26 the world.

27 THE PUBLIC: I was born on the  
28 Island myself. I would like to say  
29 something after. Like wild. If you feel as I do,  
30 and I don't know if you do, that you want to see  
a meaningful community develop, I think you should  
probably find other means of doing it. If that is





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3 what you have in mind, I don't think you are going  
4 to succeed by alienating people with words like that.

5 MRS. BROWN: I think you will  
6 see the problem has been brought to us. It didn't  
7 originate on Prince Edward Island.

8 THE PUBLIC: I happen to be a  
9 resident of Charlottetown and my birthplace is  
10 Charlottetown and I have lived here for most of  
11 my life except for a few seasons at college in  
12 Halifax. The problem is here. We are talking about  
13 people and we are not talking about geographical  
14 locations. As far as I know the Indians had this land  
15 first and we took it off them. If we are going to  
16 talk about that we better leave now because we have no  
17 right to be here.

18 THE PUBLIC: These people she  
19 is talking about--so-called freaks--who come from  
20 somewhere else are directly responsible for the  
21 Youth Services Organization that has been set up.  
22 Very few people from the Island are responsible for  
23 it. Thank you.

24 THE PUBLIC: I would like to  
25 introduce myself as a freak from the Island.

26 THE CHAIRMAN: Any other . . .  
27 any other questions, statements or confessions to be  
28 made?

29 THE PUBLIC: I don't think our  
30 reaction to Mrs Brown's statement was in tune with  
the reaction she got from us. I don't want to make  
an apology because I think I'm right, but I don't think--  
like it was suggested the Youth Services Centre a lot



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2  
3 of people are from outside. This is partially true.  
4 A lot of them have been away. A lot of people on the  
5 Island are born elsewhere and come to settle here.  
6 I voted in the last election and it makes me a citi-  
7 zen of the Island, I think. I am involved in the  
8 community. I see the problems and am aware of them.  
9 I think anyone else on the Island can see the problems  
10 and are aware of them. Unfortunately they are  
11 not touched as other areas are where the mass media  
12 and social problems are more or less present and  
13 all we are doing is saying the problem is here we are  
14 just realizing it and trying to get more information  
15 to the people because these problems do exist.

16 THE PUBLIC: My name is Harold  
17 Hennesay. I work for CFCY radio.

18 THE PUBLIC: My name is Larry  
19 Robichaud and I work for Youth Services.

20 MR. HENNESEY: Larry and I got  
21 together early this summer. It is quite a long story  
22 and I do not want to bore you with all of it, so I  
23 will try to hit the high points. And perhaps you  
24 would like to ask us some questions. As I said  
25 before, this is not in the nature of a formal  
26 presentation or brief, but rather an attempt to acquaint  
27 you with some of the things that have been happening  
28 here on P.E.I. since the last time you have visited  
29 us and I understand this is one of the things you  
30 are looking for, is what happened since the last time  
you were here.

I did a rock show--or a semblance



1  
2  
3 of a rock show on CFCY and I was born and brought  
4 up here so I know quite a number of the people. A  
5 few years ago I also went to Yorkville and we met  
6 a lot of people up there and got involved with them.

7 Last summer the station manager  
8 asked me if I would attempt to find out through  
9 various contacts in the community, the scope of the  
10 drug situation here on the Island; particularly in  
11 Charlottetown. With the understanding that they  
12 would be for my own use and not for public consump-  
13 tion, I taped a number of conversations with some  
14 of the young people on the Island in which they  
15 described to me the scene as they saw it in the  
16 community, etc. I talked with the RCMP, as well,  
17 and social workers in the area. We prepared three  
18 five-minute comments which were aired on three  
19 consecutive Saturdays, four times a day for a  
20 two week period. These comments made clear to the  
21 listener that we felt we had a serious drug  
22 situation here starting on the Island and we felt  
23 this was not confined to visitors to the Island,  
24 because this was often a popular misconception and  
25 I think you heard something of that tonight  
26 in that it is always outsiders that are doing the  
27 things. In our opinion it wasn't the outsiders.  
28 We made it clear we are convinced of this and we  
29 felt our authorities, our service agencies and  
30 especially our parents were not aware of the  
situation and it is time they became so.





1                   We said the community as a whole  
2 should start immediately to make some direct concerted  
3 on this problem or we were in for a lot of grief. We  
4 made it clear in the broadcast that it was not our  
5 intention or that of CFCY Radio to bring the heat  
6 down on the kids but rather to procure help for them  
7 and start some community action in this regard. Then  
8 we started to get the heat, myself and Vic. Some  
9 of the local authorities,, apparently <sup>in</sup> / contact through  
10 the nature of their work, accused persons, not by  
11 name. although in a small community of this nature,  
12 it was not hard to imagine the name of the group.  
13 They accused those unnamed persons of the group of  
14 making statements hysterically/which just did not  
15 exist on our beautiful island.

16                   I'm happy to be able to say that a  
17 large number of parents, educators and others  
18 doing work in the community did not believe what  
19 was being said and urged us to continue. And, of  
20 course, we got the usual letters from cranks and  
21 crackpots and that, condemning us, and this kind of  
22 thing. We also got a lot of letters, etc., from  
23 parents who were really concerned, and telephone  
24 calls as well.

25                   Now, it has been stated -- I notice  
26 that in some of the other places you have visited,  
27 parents were not participating with you in these  
28 discussions. I, for one, feel that a parent in a  
29 community like this, there is a certain stigma  
30 attached in a community like this, although I hope



1 that before the evening is over, we would hear from  
2 some parents. Kids are not necessarily drug users,  
3 although this is sometimes an association that crops  
4 up.

5 After all of this, as we were a radio  
6 station and not a service agency, all we could do  
7 was advise the people who called us to contact their  
8 M.L.A.'s, or M.P.'s, clergymen, government agencies,  
9 anything they could think of, expressing their  
10 concern and reaction to the matter. At the same  
11 time, we also found that publicity had been given  
12 to the actual thing and it was time for the community  
13 to take over and do something. At this time the  
14 Department of Education invited us to meet with them  
15 and a number of other interested persons to discuss  
16 the situation here on the island. We attended this  
17 meeting and we are not all that hopeful of the out-  
18 come due to the fact that most of our severest  
19 critics were going to be represented there too. It  
20 so happened that at the meeting we had a number of  
21 self-confessed drug users there. These young people,  
22 when I questioned them at the meeting, as to my  
23 statements and other statements, the young people  
24 said no, what we had said was basically the truth  
25 as far as Prince Edward Island, and Charlottetown  
26 in particular, was concerned. And that much was  
27 accomplished at that meeting.

28 However, we did manage to form a  
29 committee from that meeting. Dr. Charlie Brown,  
30 from the Attorney-General's Office, Kenny DeRoche,





1 Allan Andrews and myself. We had discussions among  
2 ourselves, sent for as much material as we could  
3 get our hands on, and also some other people who were  
4 involved then in the youth hostel with some other  
5 people involved here. Larry probably knows better  
6 what the heat is like in starting a youth hostel  
7 There is quite a story there too.

8 Some steps were taken and some programs  
9 designed which we expect to see. I suppose that  
10 this winter there are plans for drug education, health  
11 education, teachers, speakers coming in, something  
12 from the pharmacists, Dr. Brown and a few others;  
13 ideas which we hope will work out.

14 A little later on in the summer, a  
15 larger group meeting was held, but this time we got  
16 the people that we really should have got the first  
17 time around. We got the social workers again, but  
18 we got nurses, doctors, lawyers, the Mayor of the  
19 city was there, and some other people, and they were  
20 really concerned, and we had a lot of young people  
21 there again, from the youth hostel, and people from  
22 Charlottetown. They live in Charlottetown and have  
23 been brought up in Charlottetown and were concerned  
24 about Charlottetown and what is happening here, and  
25 they were not outsiders. Now, they formed a committee,  
26 the end result of which is Youth Services, which is  
27 something that we have started and what we wanted.

28 I thought, actually, that the manage-  
29 ment of the station and the owners were catalysts  
30 and what they could do could harden the formation of





1 the Youth Services, because somebody finally said  
2 something and a lot of other people finally got  
3 involved. I'm not giving us credit or anything,  
4 because a lot of people were involved, and we did  
5 have help from the adult world, some of the adult  
6 world that was sympathetic. After Youth Services  
7 got going, then economy was a problem. There was  
8 no money coming in, government grants, this kind  
9 of thing. They had gotten incorporated just recently  
10 and we had had numerous offers made, to me, that  
11 when the thing was incorporated and ready and set up  
12 exactly the way they wanted it, that there would be  
13 money available for it. And I am sure that this  
14 community would participate.

15 At the time, there was no money. At  
16 that time the Reverend Malcolm McCuaig, whom you  
17 heard earlier this afternoon, approached me about  
18 the desire that he would like to see some more  
19 involvement <sup>with</sup> / the youth, the community, on the part  
20 of his church. Also, at the same time, Larry's  
21 group of services and some other young people involved  
22 were looking for a hall, a place where they could  
23 form a coffee house on Sunday nights. It was obvious  
24 that I had both these things, so I could put them  
25 together. Actually, I put this group and the young  
26 people who are now called the "Subway Committee",  
27 I put them in touch with Reverend McCuaig and we  
28 were able to do this.

29 Now. the young people run it themselves.  
30 We have adults coming in, interested adults coming in



1 to see us. Naturally, Reverend McCuaig -- I call  
2 him "Mac" -- he is there every Saturday night, and  
3 I am there. We are just there and we are there for  
4 advice or help for any kind of prescription that we  
5 can give, but they run it and they operate it. The  
6 funds they get from it are going into Youth Services  
7 and that is basically the funding at the moment.

8 Now, I don't claim to be a sociologist  
9 or psychiatrist or anything else, I am just interested  
10 in what is happening in our community, and I happen  
11 to be young enough that I feel that a lot of what  
12 the kids think is rough. I just happen to believe  
13 that. I feel that young people are disenchanted  
14 with their elders. They feel they have no control  
15 in matters which concern them, and I do not believe  
16 that they are given a voice, they are not allowed  
17 to participate in the community. Perhaps it is  
18 staring now. They feel, for the most part, that our  
19 leaders, in many cases, are more interested in their  
20 own positions than solving problems. They feel that  
21 society, as a whole, has preached ideals which it  
22 does not believe or practice. Drugs are not the  
23 problem with our young people. Their attitude toward  
24 us and ours towards them, is, in my estimation, the  
25 major problem. Our young people are in the majority,  
26 and what I have seen of them, are fine human beings  
27 and they are interested in their fellow man much  
28 more so than I ever was two years ago at their age,  
29 and they are living in a world which will not accept  
30 them, and they do not have a world where they can





1 anticipate to function in their own way, in many  
2 cases. Drugs, I feel, are sometimes a symbol of this,  
3 and I believe a massive program must be undertaken at  
4 once to ensure that our young people be given a leading  
5 role. This is the most important part.

6           You have asked before, what should be  
7 done. I think this is one thing that should be done.  
8 The young people must be given a leading role in this  
9 drug education thing. They must be made to feel that  
10 they can do their own thing and they will be listened  
11 to. They have to be convinced of our society's  
12 interest in them and our desire to work with them.  
13 They must be convinced that this country and our  
14 leaders will find a place to stand for all of us  
15 together as one universal community.

16           In closing, let me say that I believe  
17 that drugs are here to stay. Control is what we must  
18 work for. You will not, I don't believe, in my own  
19 observations -- this is strictly a layman's observa-  
20 tions, and I don't claim to be an expert, but I do  
21 not believe that marijuana or hashish is bad. I  
22 myself don't want to take it. There is too much  
23 conflicting evidence, and I am not even a doctor and  
24 I have heard doctors say it is abused as hell. I  
25 think that scientists in this area should tell us  
26 what they can when they can. With the hard drugs  
27 there is a possibility of success. Young people them-  
28 selves should do the educating with the help of the  
29 community. The solution lies in the encouragement  
30 of our young people to solve their own problems.





1 I have travelled to Yorkville, I have  
2 been in Halifax, and I believe that drugs are just as  
3 available here as they are in either of those centres,  
4 and perhaps, not all of the brands of drugs, but even  
5 in the case we heard of, one opinion, that speed was  
6 not sold here -- Halifax is not much of a trip these  
7 days, and it is pretty easy to get over there. I  
8 believe that any high school student has the opportunity  
9 to turn on if he so desires. Last July the situation  
10 was quite equivalent to Halifax two years ago. I think  
11 now we are, perhaps, one year behind, and gaining.

12 I deliberately refrained from mentioning  
13 the parents to any great extent. I will say now that  
14 parents have indicated their concern and worry and I  
15 think that in some instances they are scared to death.  
16 They want to be helped immediately. They realize that  
17 in many cases they have lost touch with the kids and  
18 they want desperately to regain that control. They  
19 are helpless in a situation they neither understand  
20 nor can do anything about, and I believe that something  
21 can be done. I do not know what agency, but I think  
22 this is a prime concern, that some agency be made  
23 available to aid them, because the finding of our  
24 lost youth must start in the home. I believe that is  
25 as true today as it ever was, and I hope that the  
26 family unit is what we must look for in our society.

27 I thank you very much, and if you would  
28 like to ask any questions, I will be glad to answer.

29 --- (Applause)

30 I will say one more thing. It gets me



1 up tight. I did a radio program last summer with  
2 the kids from the hostel. I did it on Saturday  
3 morning and so help me, the switchboard was plugged  
4 solid for two hours afterwards with little old ladies  
5 asking me what I was doing with those freaky characters.  
6 I don't believe they are freaky characters, and that  
7 is the way I feel, and I think our community had  
8 better wake up and realize that just because their  
9 hair is long, clothes, etc., they are not just freaky  
10 characters. There are a hell of a lot of intelligent  
11 kids going around with ratty, long hair.

12 --- (Applause)

13 MR. ROTICHAUD: Before we start  
14 asking any questions, I would just like to make a  
15 few points, and -- you are going to forgive me a bit  
16 because I don't have anything formal, but it is just  
17 that ever since we opened the hostel this summer  
18 and we have gone and started Youth Services, we have  
19 been harassed<sup>by</sup>/everybody. The general community is  
20 so closely tied, not only do they not accept us  
21 because we are not Islanders, we are not born here,  
22 but because we are trying to put across something  
23 that they try to hide. I don't know why, this just  
24 seems to be the nature of people here. They are  
25 something like --standing before a brick wall --  
26 they will go through rather than stop and try to  
27 take it apart.

28 I don't know why, but all the people  
29 who have been supporting, and people that I hope  
30 will continue to give us support, I would like to





1     thank them for this support, for the hostel, for  
2     the Youth Services, and ask that people do bear with  
3     us and sort of recognize that we have mothers, we have  
4     fathers, we are born and brought into the world the  
5     same as anybody else. There are many kinds of support,  
6     and that is it first of all. That is all that I can  
7     say.

8                     THE CHAIRMAN: Thank you.

9     --- (Applause)

10                    MR. CAMPBELL: I wonder if you could  
11     help us. You say it is similar to Toronto, in the  
12     levels of use<sup>here and</sup> in Halifax. Can you be a little bit  
13     more explicit about the level, and could you say  
14     something about the problems that you see emerging,  
15     associated with these drugs?

16                    MR. HENNESAY: Yes, I will start and  
17     then Larry can pick it up from me. We have a number  
18     of kids being busted, and whether it is right or  
19     wrong, whether they are guilty or innocent, that is  
20     one indication that this action has picked up in the  
21     last couple of years. Also, I think that in personal  
22     contact, the kids that I knew two years ago on alcohol,  
23     and where they are now and where they were two years  
24     ago, is a completely different thing. They used things  
25     and admitted to me that they used them, which two  
26     years ago -- such as speed -- I never believed they  
27     would. Two years ago I knew that they were using  
28     grass. Now they are using speed. I don't say that  
29     this is an indication that grass is habit-forming or  
30     anything, because I don't believe it is. I don't think





1 that, necessarily, grass leads to speed, but I have  
2 heard that this is an indication of the availability;  
3 in what was happening then and what is happening now,  
4 and that is what I base that on. I am just talking  
5 about people using a number of things that they could  
6 not get a few years ago.

7 MR. ROBICHAUD: I would like to take  
8 it a bit further and say that it is quite possible that  
9 a lot of kids who smoke grass, if they get a chance  
10 they will start on to speed or something, because,  
11 especially in a community this size, I never saw kids  
12 who were so alienated. If they try to do something,  
13 they are put down. If somebody goes out to enjoy the  
14 day in a little bit different nature; he does not have  
15 to use any drug at all-- people look at him when he  
16 walks down the street and he is a "drug-crazed hippie  
17 type", that is all.

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19 (Page 186 follows)  
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3                   When a kid becomes that alienated  
4 if there is speed available, whether he digs it or  
5 not, he is going to do it, because it takes him  
6 farther into a world of his own where he feels more  
7 accepted. He is going to have a dependency he will  
8 share with other people. Together they have something  
9 in common and something they dpeend on and that is  
10 where things get tough or things get worse.

11                   MR. HENNESAY: There is another  
12 factor that should be brought up here. I cannot  
13 remember the figure right now, but I have been at some  
14 seminars for The Alcoholic Treatment Foundation and  
15 it seems there is--I don't know if the statistics  
16 bear it out--but people who live on an island are more  
17 inclined to use alcohol. I do not know if this is  
18 true or not, but I do know it is felt per capita,  
19 we do have quite an alcoholic problem here on the  
20 Island.

21                   I had an interesting and also  
22 quite saddening experience a while ago where a father  
23 called me up, and I don't pretend to judge any man  
24 but I know and I think the man would probably admit it,  
25 he was an alcoholic, and he was worried about his  
26 son very much because his son had the habit of  
27 taking speed. I asked him how he balanced the two,  
28 and of course he couldn't come up with an answer.  
29 When I was talking about an aid to families, this  
30 is what I mean. An aid to families where they  
will learn that they cannot hide it, as Larry says,  
and there is a tendency to hide things and sweep  
them under the carpet and avoid them and bury their



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3 heads in the sand over them. I think we need the kind  
4 of an agency which will help families to cope but not  
5 cope by coming down hard on the kids. Cope by  
6 understanding and developing themselves more as  
7 people and helping their son and daughter or whatever  
8 to develop in the same way. I do not believe now  
9 that our agencies do this.

10 THE PUBLIC: Just one comment  
11 on the relationship of grass to speed which was made  
12 by the Government speakers on the relationship of  
13 grass to heroin. Besides the fact that they are  
14 both drugs, say grass and speed or grass and heroin,  
15 there is really very little they have in common.  
16 Caffeine and nicotine are also drugs. But I think  
17 the second connection is the first three are all  
18 illegal, so therefore I think there is a possibility  
19 there, for example, if possession of marijuana is  
20 legalized, to an extent it would remove a great deal  
21 from its connection with speed and heroin. To be  
22 illegal, it has to involve the cultures and drugs  
23 and make it easier for people who desire to use  
24 speed more easily put a connection with it. I  
25 just wanted to bring up that point.

26 MR. HENNESAY: While you are on  
27 your feet, do you actually believe we will actually  
28 ever be able to convince young people today that  
29 hash and marijuana are bad as it stands right now?

30 THE PUBLIC: I do not know. I  
can see for us to all become more aware of it. It  
is neither good nor bad. It depends upon the  
individual and a lot of other things.





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3 MR. HENNESAY: I mean the  
4 attempt to convince them of this, do you think it  
5 would succeed?

6 THE PUBLIC: People who use it  
7 like it and do not think it is entirely bad.  
8 It will not work. The approach to get people to  
9 stop using it.

10 MR. HENNESAY: This is what  
11 I am trying to point out.

12 THE PUBLIC: I think the results  
13 are for the past couple of years in North America  
14 are proof that it will not work.

15 THE PUBLIC: Would you like to  
16 convince the kids that the use of those drugs is  
17 not good?

18 MR. HENNESEY: No.

19 THE PUBLIC: You do not like to  
20 do this?

21 MR. HENNESAY: Myself, as I said  
22 before, I do not know. We are talking about marijuana  
23 and hash now, I believe. I do not know. I have  
24 heard too much and I am too full of conflicting  
25 information. Speed, LSD and this kind of thing, yes  
26 I am convinced.

27 THE PUBLIC: If you are confused  
28 and a child comes to you, what do you tell him? That  
29 you are confused?

30 MR. HENNESAY: Definitely. And  
then I would take him down to Youth Services.

THE PUBLIC: And what would  
happen at Youth Services?



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2  
3 MR. HENNESAY: I would hope at  
4 least that we are going to start--I don't mean now--  
5 but I am hoping we are going to develop a program that  
6 will be able to help and what was suggested before  
7 was perhaps the ability of making an informed choice.

8 THE PUBLIC: Youth Services is  
9 established. People in the youth centres think  
10 that this stuff is good or bad? That is the question

11 MR. ROBICHAUD: Do you say that  
12 whether the people there think it is good or bad?

13 THE PUBLIC: Once the Youth  
14 Centre is established, do people there think it is  
15 good or bad? When you come to them and ask them  
16 whether it is good or bad, what is the answer?

17 MR. ROBICHAUD: You probably get  
18 a different answer from everybody.

19 THE PUBLIC: A confused child  
20 would get a confused answer.

21 MR. ROBICHAUD: I don't think  
22 you would get a confused answer because he will  
23 only talk to one person. I don't think anybody can  
24 tell him it is bad. It's an opinion. I don't  
25 think it is bad and I don't think it is good.

26 THE PUBLIC: You would convey  
27 your opinion to a child that comes to you.

28 MR. ROBICHAUD: I just tell the  
29 facts.

30 THE PUBLIC: What fact would you  
tell them? 1

MR. ROBICHAUD: What fact would  
I tell them? The factual information there.



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3 THE PUBLIC: What are the chances  
4 that  
5 / any youth centre would become a centre for  
6 getting information on the drug--how to get it,  
7 how to mainline it and so on?

8 MR. ROBICHAUD: That is up--  
9 if the people there realize what they are taking into  
10 their hands when they start a centre, and if they  
11 are really sincere in what they are doing, it  
12 won't get to that.

13 MR. HENNESAY: We realize, and  
14 everyone at Youth Services realizes, that in the  
15 past and in other cases--you can drum up names of  
16 places and everything else--this has been abused.  
17 Does that mean that here on Prince Edward Island  
18 that that is going to happen? Not necessarily.  
19 One fact doesn't necessarily prove the other.

20 THE PUBLIC: In the Youth Centre,  
21 as it presently exists, are you capable of handling  
22 people on acute freak trips--yes or no?

23 MR. HENNESAY: Yes.

24 THE PUBLIC: Just a second.  
25 "Capable of handling".

26 MR. HENNESAY: We just hand  
27 them to people.

28 THE PUBLIC: We handle as best  
29 we can. Probably there as well as any other place  
30 on the Island. It still has its problems. It is  
not an easy thing to confront someone who is really  
having a terrible drug experience on something like  
LSD or something. We are as well equipped, I think,



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the chance

and

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2  
3 and we will become as well equipped as we possibly  
4 can to deal with this. Lot of people--well half,  
5 have the experience or had the experience of using  
6 drugs and understand. You see in a lot of places  
7 persons having had bad drug experiences they will go  
8 to hospital or something and will not meet someone  
9 who understands what happened to them. They will  
10 not be able to relate to them because he doesn't  
11 understand what is happening. There really is no  
12 ideal thing, but I think probably it would seem to  
13 me, from what I've seen, that the best way to deal  
14 with it is the way we plan to deal with it. In  
15 other words, people familiar with the experience  
16 attempting to talk to people--consulting doctors,  
17 obviously, if they feel that doctors know.

18 MR. HENNESAY: I would just--

19 MR. ROBICHAUD: I--you know, as  
20 well as I, what the objectives are and what we try  
21 to do and you know how much help we try to  
22 give a freaker and what most people want when they  
23 are freaking is they want a person who is straight  
24 at the time, to sort of give them a contact with  
25 reality so they will not be--if there was a person who  
26 was there who was tripping, too, that person would  
27 always have the fear that the person they were  
28 talking to was going to be pulled off into some corner  
29 of his trip and he wouldn't be a link with reality  
30 of the mind or material reality.

THE PUBLIC: How many severe  
drug reactions have there been in Charlottetown in  
the last month?



1  
2  
3 MR. ROBICHAUD: In the last month?

4 THE PUBLIC: Sixty. Some of  
5 them barbiturate addition, not necessarily on  
6 drugs such as marijuana or LSD or amphetamines.  
7 Some of them were barbiturates like readily  
8 available prescriptions and some were alcohol.

9 THE PUBLIC: You're talking  
10 about intoxication. I am talking about severe drug  
11 reaction.

12 THE PUBLIC: We have had people  
13 with a mild dependency or severe addiction who  
14 were referred to people far more qualified in the  
15 community.

16 THE PUBLIC: How many?

17 THE PUBLIC: We do not have the  
18 statistics here. If you want to come down to the  
19 Youth Services, I will look into it.

20 THE PUBLIC: How many came to you?

21 THE PUBLIC: The people came to  
22 us came with different reasons--like withdrawal  
23 symptoms. A prescription drug that a person uses  
24 gives a serious drug reaction. Withdrawal symptoms  
25 from barbiturates is a serious drug reaction.  
26 Two-thirds of the people in this city probably have  
27 barbiturates in the house at one time or another.  
28 Two-thirds of the people that have these barbiturates  
29 probably don't understand how potent they can be.

30 THE PUBLIC: The Le Dain  
Commission says that barbiturates and alcohol are  
pretty much the same in terms of intoxication.

MR. ROBICHAUD: They are also

Amended Table

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3 fatal when they are mixed. Young alcoholics who use  
4 barbiturates--

5 THE CHAIRMAN: I think the  
6 question was how many severe drug reactions. Is  
7 it possible to give an answer? We would be  
8 interested in that, an estimate of the amount. One  
9 gentleman said he would have to consult his records  
10 but do you have any estimate on that?

11 MR. ROBICHAUD: It's possibly  
12 a couple of dozen.

13 THE PUBLIC: The question was  
14 how many received in the last month. Unfortunately  
15 our public relations has not been the best. A  
16 lot of people are not informed of the facilities  
17 available and we are available to give assistance,  
18 when they do become informed probably the number  
19 will rise. They have risen in the numbers we get  
20 each week.

21 MR. HENNESAY: You realize  
22 this has only been in existence for a month,  
23 gentlemen.

24 MR. ROBICHAUD: One night there  
25 was 10 guys come in and they were all doing acid.  
26 They thought if one of them started to freak the  
27 rest would be able to help him, but they didn't  
28 realize that they were all tripping, too. So none  
29 of them actually freaked out but they all thought--  
30 you know they all got scared after a while because  
a couple of guys started to and they came and they  
were just a big ball of tension. The ten of them  
all wrapped together and half of our job is just to





1  
2  
3 create an atmosphere for these people that they  
4 can exist in while they are tripping and make them  
5 comfortable because there is not much you can do.  
6 I don't go with giving people downs when they  
7 are freaking unless they really need them or unless  
8 they get so bad you cannot talk to them. I figure  
9 as long as you can maintain verbal contact that is  
10 understandable between yourself and the freaker,  
11 then there is a chance he is going to make it  
without medication.

12 THE PUBLIC: How do you know they  
13 were taking LSD and they were going to freak out?

14 MR. ROBICHAUD: How do I know?  
15 They told me. And I think I have had enough  
16 experience to know the symptoms.

17 THE PUBLIC: Apart from that ten,  
18 how many in a group would be able to talk somebody  
down from an LSD experience?

19 MR. ROBICHAUD: All of the four  
20 full time people would be able to with no problem,  
21 unless a person who is so far gone that you couldn't  
22 maintain understandable verbal contact with him.

23 THE PUBLIC: How many times has  
24 somebody been that far gone?

25 MR. ROBICHAUD: How many times?  
26 Was that your question?

27 THE PUBLIC: Yes.

28 MR. ROBICHAUD: I ran into it  
29 about three times this summer at the hostel out of  
30 about close to a hundred freakers that came in.



1  
2  
3 I haven't ran into it yet since we opened Youth  
4 Services.

5 THE PUBLIC: Did that happen  
6 when  
7 last Saturday/you talked to a lady when she was  
8 freaking on drugs?

9 MR. ROBICHAUD: You can talk  
10 to her: Yes, it did. That's right.

11 THE PUBLIC: What happened?

12 MR. ROBICHAUD: What happened?

13 THE PUBLIC: I'm sorry. The  
14 question was irrelevant. Secondly, it seems youth  
15 can talk to youth and only one that was tripping  
16 could talk to the person who was tripping and the  
17 only one who drank gasoline can speak to the person  
18 who drinks gasoline.

19 MR. ROBICHAUD: I said that  
20 somebody who is tripping couldn't talk to another  
21 person who was tripping. Somebody who has had the  
22 experience before could be of benefit.

23 THE PUBLIC: This is sort of  
24 special circumstances, I think. Somebody is having  
25 a bad experience is like--when you talk about  
26 somebody swallowing gasoline or something it is  
27 a medical thing where a doctor knows how to deal with.  
28 We are talking about somebody whose total perception  
29 of time and space is altered. This is not something  
30 that everyone is able to understand.

MR. ROBICHAUD: Too many people  
treat acid as a Saturday afternoon high, and you  
know, that's what they think of it as.



1 THE PUBLIC: It is a state of con-  
2 sciousness. It is reasonable to understand how you  
3 get into it.

4 THE PUBLIC: It is very difficult to  
5 understand. The people who say, people in this place  
6 do not understand about the type of high which  
7 approaches the better idea, definitely more than other  
8 people.

9 THE PUBLIC: I have to challenge this.  
10 Does a person have to be depressed to take speed?

11 THE PUBLIC: No.

12 THE PUBLIC: Does a person have to be  
13 burnt in order to feel the effect, just out of the  
14 fire? And you have to know how to take it, whether  
15 you have experience with drugs in the past, whether  
16 it is relevant.

17 THE PUBLIC: I can't agree with that  
18 at all. I feel that it doesn't matter what is going  
19 on.

20 THE PUBLIC: You would have to stick  
21 your finger in the fire and hope that you still have  
22 your finger. But, the situation is here. You would  
23 not have to stick your finger in the fire. But, I  
24 think, in this case, it requires a special under-  
25 standing because it is very different. It is very  
26 much outside of the region. It is out of the total  
27 perception of time and space. You did not have the  
28 experience. Believe me, if you did, you would know  
29 how completely different it is. But, you cannot say  
30 that it is very different. It is very hard to under-





1 stand, how to know how to deal with it. I think any  
2 had  
3 doctor who has/the experience and tried to deal with  
4 somebody who has had the experience would agree with  
5 me. I have talked about, if he didn't.

6 A lot of the philosophies, where the  
7 communities work together,<sup>are</sup> more aware of this problem,  
8 what happens is that they are in the hospital and  
9 they call in people, they call in kids from the  
10 organizations or send them there because they under-  
11 stand. The doctors know they are not equipped to  
12 deal with that part of the problem.

13 MR. HENNESAY: I still think, Tom,  
14 that we still have people who can come and back this  
15 up, and it is not the young people alone having the  
16 problem. We have people in town who are available  
17 to help us with this. It should also been made clear  
18 to the people here that the Services have a board  
19 of directors, I think it is fifteen, and they are  
20 made up of young people and responsible adults in  
21 the community, working together, which is going back  
22 to the original thing that we are looking for.

23 THE PUBLIC: Youth Services -- I don't  
24 want people to get the idea that Youth Services is  
25 a drug aid. This is one facet of what we are dealing  
26 with, but that is all. It is coming out tonight.

27 DR. LEHMANN: Would you be good  
28 enough -- we understand what is implied in talking  
29 somebody down. To me, anyway, it was not very clear  
30 what the other two gentlemen, what point they wanted  
to make in questioning you. Would you be good enough



1 to, perhaps, go through that -- for my own under-  
2 standing.

3 THE PUBLIC: I came here tonight to  
4 of a  
try and find out how much/problem drugs were in  
5 Charlottetown and I have not gained this knowledge  
6 here tonight. I work at Riverside hospital. We have  
7 been called out a few times in the last six months  
8 but not to a great extent. Maybe other people are  
9 seeing a lot of cases. This is the knowledge I want  
10 to get. I want to get the impression of the Services  
11 and I have been rather confused tonight whether they  
12 are interested in the problems of youth, or whether  
13 they feel that drugs should be made free.

14 MR. ROBICHAUD: If, Tom, you would  
15 just bear with me a moment and let me try to explain  
16 it. Maybe you have not had as many calls to go and  
17 help somebody freak in, because of one thing. I am  
18 not against psychologists or doctors, but I know that  
19 if I was freaking I would not want anybody to call a  
20 psychologist. I would not want anybody to call a  
21 psychiatrist. I would not want anybody to take me  
22 to a hospital or an institution because I have seen  
23 too many people taken to a hospital and strapped  
24 down to a bed and shouted down in the middle of the  
25 period when their head is so full, when there is  
26 large expanse of time and space that they just can't  
27 understand. To put them to sleep does not do them  
28 any good.

29 THE PUBLIC: As far as I understand,  
30 the (Brockville) people have tried to bring them down,





1 and they also saw the film of the musical festival,  
2 'Woodstock', and again they had to ---

3 MR. ROBICHAUD: That is a certain  
4 point you will have to reach when it happens. But  
5 as long as it happens to the person.

6 MR. HENNESAY: You must also consider  
7 what happens to the person.

8 THE PUBLIC: Excuse me, before we go  
9 any further, I would like to make clear that Youth  
10 Services (has only one aspect.) Besides that, some  
11 of the people who are working at the youth centre  
12 have not necessarily had the LSD experience. Some  
13 of them had. That is one point I would like made  
14 clear. The other cases of someone coming in who is  
15 freaking --we do get in contact with doctors at this  
16 time, but, of course, in the case of freaking, that  
17 would have happened in that many cases with withdrawal  
18 symptoms, addicting barbiturates. We have talked  
19 with doctors immediately so that we know when the  
20 doctor first requests that he is not able to have  
21 a liaison and we are not able to cope with that  
22 problem as yet.

23 We would like to get advice as to  
24 how to refer people through the system which is  
25 already existing so that they can help. We are  
26 a referral service. That is all that is available  
27 at the moment. And we refer people who have the  
28 problems, other than ourselves, along with this.

29 The thing is, there is a lack of  
30 communication between the person who has the problem





1 and people who can probably correct that. If someone  
2 is freaking they are not confident to call a doctor  
3 until such time that we feel the person is ready to  
4 go to that doctor and ask for advice. Until you  
5 feel what is the effect of the drug, etc., and  
6 until you feel the doctor is able to make a call --  
7 this is more or less how we are handling it.

8 What I am trying to say is that the  
9 information service is for information available,  
10 and we can refer people and what we can do we do.  
11 That is all.

12 THE CHAIRMAN: I suppose one has to  
13 make an arbitrary decision at some point about  
14 adjournment. We could discuss these issues later  
15 on, but we have spent a long day here, and it is  
16 about ten fifteen and I propose to take the liberty  
17 of suggesting that we might conclude. We will let  
18 the lady at the microphone have the last word to us.

19 THE PUBLIC: I did not expect to have  
20 the last word, but there were not many parents who  
21 spoke, and I felt that perhaps I should. I am the  
22 mother of six children, five teenagers, and I was  
23 interested in what Harold had said about it all  
24 coming back to the group of parents. I wondered  
25 many times, and most of the people who have talked  
26 here have been the youth and I really do think that  
27 they monopolized the microphone. They really did  
28 and we have listened to them. But, I wonder, what  
29 do you think could be done with parents?

30 If most of the problems stem from



1 there, and it is coming from there -- you say it  
2 is not the drugs and I am inclined to agree with  
3 you -- what can we do about parents? What do you  
4 feel, what do you individual boys feel is wrong  
5 with parents?

6 MR. HENNESAY: Mrs. Beck, first of all,  
7 I don't blame all parents and I certainly don't want  
8 to -- I do not think, in a lot of cases, it is done  
9 intentionally. What I meant is that I would like to  
10 see a little bit more open-minded communication.  
11 I had this discussion / <sup>coming</sup> back from a hockey game  
12 on the ferry last winter. There is not enough  
13 discussion in the home. I think there is something  
14 perhaps more basic than this, and that is that I had  
15 a great discussion -- I don't want to tie you up  
16 but it goes something like this. In the place we  
17 live in today, the world we live in today, things  
18 such as the family dinner, talks around the family  
19 dinner, etc., has gone by the board. And, I am,  
20 perhaps seeking the re-establishment of this kind  
21 of atmosphere in the home. And I think that I would  
22 agree with you or anybody who would put it that way.  
23 But the young people often have to re-establish this  
24 as much as the parents do.

25 THE PUBLIC: This is one thing. Why  
26 don't the youth concentrate on getting this done  
27 rather than concentrating on the matter of legalizing  
28 marijuana, about which they are not sure at all  
29 whether it is going to be very dangerous. Why do  
30 they not concentrate on the positive things, parents





1 and young people together. Let us leave marijuana  
2 where it is. We have alcohol, we have all kinds of  
3 problems with that. Why don't we start working on  
4 the positive things?

5 MR. HENNESAY: That is one aspect of  
6 the program.

7 MR. ROBICHAUD: We want to set up  
8 and when we are fully equipped we want to have drug  
9 education services for parents and children together  
10 and it is going to tie into the thing, because drugs  
11 are only a small part of the operation. We want to  
12 have a service where we can get seminars together  
13 for parents and kids together.

14 THE PUBLIC: Well, start working on  
15 that right now.

16 MR. ROBICHAUD: But, we have so many  
17 other things, where the support is bad, and we want  
18 to get the parents and the kids together on a neutral  
19 ground so that the kid will not get accused of mean-  
20 mouthing, and the kid is not going to have the  
21 parents sort of pulling rank on him. We want a  
22 neutral ground where they can hash things out.

23 MR. HENNESAY: And it will take the  
24 onus on the part of the parent to go into a place  
25 like Youth Services and admit that they are having  
26 problems with their children, and that they need  
27 help, and could they receive the help. That is a  
28 big step for the parent to take too. It is just as  
29 big a step for the young person to take too, and I  
30 will admit it, on both sides. I don't want to be





1 accused of being all in favour of kids and not in  
2 favour of parents. I am in favour of people. That  
3 is it.

4 MR. ROBICHAUD: I agree with you. It  
5 is not so much a drug problem, because nobody is  
6 using drugs where there is -- the problem  
7 is in communication between youth and adults. Whether  
8 everybody stops smoking grass or whether anybody  
9 starts smoking grass is irrelevant. If they can just  
10 get together and work out the problems that they are  
11 having in their everyday life; communicating together,  
12 family life and school, and social life.

13 There will still be kids smoking grass  
14 and kids who will not smoke grass.

15 THE PUBLIC: Let us hear these other  
16 people.

17 MR. HENNESAY: Where are they?

18 THE CHAIRMAN: They are at the micro-  
19 phone there. Mrs. Gleeson?

20 MRS. GLEESON: Mr. Chairman, I would  
21 just like to make one point here, that in speaking  
22 for Home and School I was representing the voice of  
23 2,000 parents across the Island and 3,000 parents  
24 across Canada, so please do not say that you have  
25 not heard the parents, Harold.

26 MR. HENNESAY: I did not say we did  
27 not hear from the parents. Somebody else did.

28 THE PUBLIC: Mr. Chairman, I wonder if  
29 we might rudely interrupt at this particular point?  
30 Some of these people back here I think have been keeping



1 some statistical computation in terms of certain  
2 individuals occupying the floor and I think it has  
3 reached the point of complete saturation and frustra-  
4 tion. I am sure there are other people representing  
5 different disciplines here tonight, and the time is  
6 late. We have been here two hours plus, two hours  
7 and a half. I believe the Commission had some of  
8 them this afternoon on the hot seat and I would like  
9 to see some leadership from the chair. Could we  
10 not afford an opportunity for some of those to be  
11 represented tonight to voice an opinion at least.

12 THE PUBLIC: The microphones are here.

13 THE CHAIRMAN: I don't know what you  
14 mean by leadership, but if you mean by leadership  
15 that I should cut anyone off from speaking, I am  
16 afraid I cannot exercise that kind of leadership.

17 --- (Applause)

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3 MR. HENNESAY: Mr. Chairman, I  
4 might add that we are sitting here because some people  
5 may have questions. If there are no more questions  
6 we will gladly get out of here.

7 THE PUBLIC: Mr. Chairman, I  
8 agree that some of the young people have had  
9 too much of the time, but it is not just their fault.  
10 I have been here since 2 o'clock this afternoon.  
11 A few minutes ago I got up to go home and I got  
12 outside and I realized that, well, we have been  
13 asked to speak up and I didn't get up in front of that  
14 microphone and I came back in here because I felt I  
15 had a responsibility to and maybe if the young  
16 folks monopolized too much of the time it is  
17 because some of us who could have had plenty of time  
18 to stand behind the microphones didn't get up and  
19 do it.

20 The manner of help has tended, I  
21 feel, to get off on the one track and that is the  
22 work of this group--the Youth Services group and  
23 similar groups, help to young people on drugs or  
24 who have tried drugs or taking them or especially who  
25 have drug problems. Yet this is only one part of  
26 the problem. The great majority of our young people  
27 in this province have probably not tried drugs. A  
28 lot of them are too young and the children coming up  
29 have not yet got to that point and I, as a father of  
30 two teenagers and two younger children, and as a man  
who is doing a youth work with young people--not  
young people on drugs--I am concerned about the  
great number of young people who have not got into





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3 trouble with drug problems and not ending up in  
4 the offices of Youth Services or a group like that.

5 I think we need more said about  
6 the manner of this type of help. How we keep these  
7 kids from getting into trouble?

8 I personally as a father feel  
9 that I have a problem today and that is the problem  
10 of having the freedom to raise my children the way I  
11 believe is right without the tremendous pressure  
12 coming in from the outside.

13 Now there is a great deal said  
14 today about individual freedom. The freedom of  
15 people to raise their children the way they feel  
16 is right is one of the basic freedoms that brought  
17 about our North American culture. The Europeans who  
18 came over from Old England and New England on the  
19 Mayflower and ships like that to colonize these  
20 coasts were concerned to have the opportunity to  
21 raise their children the way they felt was right.  
22 I know there is a problem in maintaining the  
23 balance between individual freedom, everybody does  
24 what he wants to do, and the freedom of parents to  
25 raise their children without being beseiged by drug  
26 problems being pushed on them and pornography and all  
27 that kind of stuff.

28 The pendulum can swing too far  
29 one way or the other. Right now it has swung too  
30 far in the direction of this total individual freedom  
that we call 'permissiveness' that makes it very hard  
for parents to raise their children the way they want.



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3 I am concerned because I  
4 personally believe that the taking of drugs that are  
5 mind distorting is an immoral thing. It is wrong.  
6 And morally wrong. I am very enthusiastic about  
7 groups like these young people who are trying to help  
8 kids who have drug problems, but I am also concerned  
9 about the kids who haven't got on drugs. I do not  
10 know what the position of these Youth Services workers  
11 is whether drugs are right or wrong. But my own  
12 opinion, as a parent, is that the taking of drugs that  
13 disorients the mind is wrong and morally wrong. Not  
14 only a sin against myself as an individual but a  
15 sin against God because God demands in the life  
16 lordship over the life. I am a Christian. I put it  
17 in terms of the Lord Jesus Christ having the right to  
18 lordship in my individual life and when I turn my  
19 body or intellect to a drug that takes over the  
20 influence of that mind, then Jesus Christ cannot be  
21 Lord at that time. A drug has taken over which is  
22 a chemical, instead. He said a man cannot serve  
23 two masters. This, I think, is why the Bible  
24 prohibits drunkenness because drunkenness is a  
25 turning over of the intelligence to an outside force  
26 other than God who demands the right to be that  
27 master. This is my own view and I am not anxious to  
28 force my view on anybody else. But at the same  
29 time, I want to be able to raise my children with  
30 this teaching and I am very concerned about these  
tremendous pressures that come on from the outside.

I am very much in favour of the





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3 proposals that are made to strengthen the penalties  
4 against the selling drugs, the bringing in or drugs  
5 for distribution and sale, against the attempt  
6 to push them onto other people, whether the motive  
7 be to make money or the person is justifying himself  
8 because they are drugs and want to push them onto  
9 someone else.

10 I am inclined to agree with the  
11 remarks that have been made by Members of the  
12 Commission that penalties against the kid who  
13 tries it is not the answer, but I think that we have  
14 to take whatever steps that we can take to stop this  
15 bringing in of drugs and to penalize severely those  
16 who do push these things in because they are dealing,  
17 and they are interfering with the freedom of  
18 parents to raise their children in what they believe  
19 is the right way. The drug problem is essentially  
20 a youth problem. I think because when the kid  
21 grows up, if he can grow up without the drugs then  
22 he is mature and an adult and not likely going to  
23 start on them. If you want to get a kid addicted  
24 to tobacco you want to start him when he is little  
25 and then by the time he is old enough to know better  
26 than to smoke, it is too late. Like someone  
27 says, "He started smoking when he was 12 years old  
28 to prove he is a man; and, thirty years later  
29 he is trying to quit for the same reason."

30 This is true I think with the  
whole matter of this drug business, that the young  
person is the one who is tempted. If he can get over





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3 those dangerous youth years until he is an adult  
4 and can really analyze the situation, the problem is  
5 not going to be there. The very fact that the whole  
6 drug problem is so essentially a youth problem, I  
7 think indicates the fact that kids are being tempted  
8 at an age where they are not really able to make the  
9 right decisions on this and the parents, if they  
10 have the opportunity and freedom to really raise  
11 the children apart from this type of thing, are  
12 going to see them grow up and make responsible  
13 decisions and there will be very little problem.

14 So I would appreciate the  
15 opportunity to say this when I hear this word  
16 "entrapment" oftentimes used by the police forces but  
17 entrapment to me means can I get my kids through  
18 these dangerous years without being entrapped into  
19 something that later on will leave their lives a  
20 massive wreckage.

21 THE CHAIRMAN: Will you just  
22 stay there a minute, please.

23 THE PUBLIC: I think you brought  
24 up a couple of half decent points. You brought  
25 up family units, Christianity and the whole democracy  
26 bit of coming over in the Mayflower and all this.  
27 That's great.

28 What Christianity stands for to  
29 me is beautiful. I can't call myself a Christian,  
30 but I think true Christians are beautiful. I think  
someone has a right to bring up their own kids and  
I think kids have a right to make up their own minds.



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3 They do not have to be sheltered. If they are shown  
4 the right things and if these things prove to the  
5 kids to be right, they will make the right choice.  
6 As far as democracy, the reason young people get so  
7 turned off by these things, people use such things  
8 as Christianity and democracy and come out to the new  
9 land and all this shit for corrupt means. They have  
10 things like the war in Vietnam or anything like this,  
11 by Christianity, by democracy and young people can  
12 see through this. They see through it and they are  
13 turned off and some get turned off to the extent they  
14 won't listen to anything from Christianity or demo-  
cracy.

15 This is why you get atheists,  
16 communist creeps running around the country and you  
17 cannot surprise someone like this. You have to show  
18 them. For instance, if you are a Christian, you know,  
19 just tell me what you do. Are you a businessman or  
what? Tell me what your life is.

20 THE PUBLIC: I am a pastor.  
21 I work with a large group of teenagers.

22 THE PUBLIC: In your congregation  
23 do you have any Christians? I am not trying to  
24 antagonize you, I am trying to ask you honestly.

25 THE PUBLIC: What is your defini-  
26 tion? The Lord ultimately decides who is a Christian.

27 THE PUBLIC: In your own opinion  
28 as someone who studied the Bible, how many  
Christians do you have?

29 THE PUBLIC: I think you define  
30



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2  
3 a Christian as someone who follows Jesus Christ and  
4 obeys him. You understand my point about if  
5 I submit my God-given intelligence to the power of  
6 the drug to take over from my own intelligence, then  
7 I am no longer able to subject myself to Jesus Christ  
8 at least through the period of that submission. That  
9 is why it is contrary to my definition of being  
10 a Christian. That is why I feel drugs are morally  
11 wrong.

12 THE PUBLIC: What I see of  
13 young people who have used drugs, in my own experience,  
14 it seems to be the lack of any religious purpose or  
15 something to do with the soul. That leads them into  
16 drugs. People are searching for a meaning and the  
17 church is so god-damned corrupt it is unbelievable.  
18 To me, I would love to say I am Christian, but I  
19 cannot because there are so many people I see standing  
20 before me and say they are Christians or say they  
21 stand for democracy--

22 THE PUBLIC: I think the  
23 incentive for drugs is the emptiness that is in  
24 the heart and mind of people.

25 THE PUBLIC: Do you not think  
26 that now that you realize and have stated that point  
27 do you not think that what we should be working for  
28 is not the suppressing or controlling the use of  
29 drugs, but trying to fill in this emptiness in our  
30 society. A society as sick as ours, do you not  
think we should work on this emptiness and not on  
drugs?

THE PUBLIC: That is my life





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3 calling. That is why I am in the work I am in. I  
4 want to state that I agree with you that there is a  
5 great deal of hypocrisy in society today. This is  
6 not only true of the older generation. It is also  
7 true of the younger generation, that the whole of  
8 society, the older establishment and the youth  
9 establishment, too, is riddled with hypocrisy and we  
10 need, all of us, if we are going to be able to deal  
11 with problems to examine our own lives and find out  
12 if we are inconsistent. It is no good for me  
13 to say it is wrong for kids to take drugs if I go on  
14 a big bender and get drunk on alcohol, what is the  
15 difference? The moral basis is taken out from under  
16 what I have said. I have to follow this through in  
17 my own life, and I believe one of the reasons the  
18 young generation has such a problem with drugs is  
19 because the older generation has preached or said  
20 one thing and practised a real materialism. What you  
21 can buy with money, that is what counts. And it  
22 doesn't really satisfy the market and the kid comes  
23 along and grows up and gets in his Mustang and  
24 drives off to a protest rally to show solidarity  
25 with the poor people, but he is expressing--he has not  
26 found satisfaction in what shall we say, the upper  
27 middle class society that his parents have given  
28 him and money he has got. He tries something else.  
29 He tries drugs, but drugs are not the answer.  
30

THE PUBLIC: Your upper class  
kids going out in Mustangs and supporting the poor  
people, I do not know if you looked into it at all,



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3 but most of them are really violent radical people  
4 in the movement that you are talking about, are  
5 using the upper class because they are so empty in  
6 their lives that it is a state of confusion. They  
7 know they have to do something for poor people  
8 or something like this but--

9 THE PUBLIC: It is part of the  
10 hypocrisy of youth and I freely admit the hypocrisy  
11 of my generation, too. But the youth who talks about  
12 peace and uses words like peace and promotes violence,  
13 that is hypocrisy, too. We are all guilty of hypo-  
crisy. We have to check ourselves on it.

14 Getting back to what you started  
15 with--the question about young people making up their  
16 own minds. Now I believe this. I believe that  
17 young people have got to make their own decisions.  
18 For instance, my four children have to make their own  
19 decisions ultimately, but my job, as a father, is to  
20 protect them through the vulnerable period when they  
21 haven't got the facts and when drugs look so glamorous  
22 but they have not seen what I have seen of the  
23 wreckage that comes later on in life. I have seen  
24 it, of course, through the alcohol picture and if  
25 they see it when they are older and can evaluate and  
26 have the facts and can make the decision when they  
27 are adults.

28 THE PUBLIC: My own personal  
29 opinion is that a kid of 10 years old is old enough  
30 to make up his mind on things.

THE PUBLIC: No. (Collectively)

THE PUBLIC: I think a 10 year



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2  
3 old can see what a drunk is. I had an uncle who  
4 was an alcoholic and somewhere around age 10 to 12  
5 or somewheres, this is when I first met him and  
6 I was then brought aware of what could happen in  
7 alcoholism. I was not sheltered from my uncle.  
8 They didn't ignore him. My parents didn't ignore  
9 my uncle. Just forget him and don't see him.  
10 They showed this man to me.

11 THE PUBLIC: When it comes to  
12 the drug abuse the facts are not even in for us  
13 adults today.  
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Frankly, I would  
/like to know how many young people of Prince Edward  
Island -- we have had young people whose lives have  
been wrecked, who have had psychotic breakdowns, and  
went to the Riverside over drugs, and this type of  
thing, but this sort of thing is covered up. We are  
not getting facts like this today. The kid whose  
life is being destroyed, he drops out along the way.  
I did not read the letters that were in the back of  
the report, that were mentioned, but I would like  
to see that type of testimony mixed in with the more  
glamorous too, because I think that is definitely a  
part of the picture.

THE PUBLIC: But, what you are saying,  
coming up to facts; what I was trying to get at is  
that what you are doing is covering up the facts.  
You are saying that what has happened to you is  
what has happened, and that is covering up the facts.

THE PUBLIC: No, I do not mean by  
"protection", hiding the facts. I mean by taking  
the kids from the drugs until they can make their  
own decisions. I believe this is my responsibility  
as a father, to teach my children what is right or  
wrong, and to guide them and to shield them from  
temptations from the outside until they are of an  
age when they are adult enough to have it evaluated  
and make their decision. You have to launch the  
kids the way you launch a space rocket. It takes  
time to do it.

THE PUBLIC: And you will show them  
the facts. You think that you will show them the



1 facts?

2 THE PUBLIC: Yes, I would like to.

3 That is why I am here today. I would like to know  
4 more of the facts myself. That is why we sent that  
5 invitation to the Youth Service to go in and visit  
6 these people because we think they could show us some  
7 of the facts.

8 THE CHAIRMAN: Thank you. I wonder  
9 if I might say that -- excuse me, there is a gentle-  
10 man at the microphone.

11 THE PUBLIC: I will speak very briefly,  
12 Mr. LeDain.

13 I am Dr. Beck, and  
/I appeared before you at your last  
14 meeting. I would like to reinforce the point  
15 regarding the Youth Services, I think you saw a  
16 beautiful illustration of it tonight. The Youth  
17 Centre, even in a small place like Charlottetown,  
18 in Prince Edward Island, because of the sterilization  
19 around this single concept, it has not been able to  
20 make any meaningful contact with our very active  
21 Alcoholism Treatment Foundation, which now professes  
22 a good deal of expertise. And I predict that we  
23 are on the same futile course in Charlottetown that  
24 we see across the rest of the country, the fragmenta-  
25 tion of services, the fragmentation of professional  
26 time, and the establishment of another series of  
27 these programs because of this fragmentation.

28 I would like to close with a light  
29 note, and as a psychiatrist I will quote Freud and  
30 quote my wife who was up here earlier, who says, "We



1 don't need drop-in centres, we need drop-in homes."

2 --- (Applause)

3 THE PUBLIC: With regard to Dr. Beck's  
4 remark, I would to advise Dr. Beck that we are a  
5 service that would like to refer people. We are not  
6 qualified to solve the problems and to treat the  
7 disease. We would like to use these people because  
8 we do not have the knowledge ourselves, we do not  
9 have the facilities.

10 THE PUBLIC: Again, I might point out  
11 that actions do betray words. The Centre has been  
12 going for a month now. It has been in the process  
13 for a long time. The position that mental health  
14 has to this point has not been healthy. I understand  
15 the Alcoholism Foundation has gotten in contact, but  
16 I rather doubt the sincerity of the expression that  
17 they do wish to avail themselves of the resources  
18 that are available from that unit.

19 THE PUBLIC: I am sorry, but the  
20 contact was made from the Alcoholics Services. We  
21 have not gotten a system of referring people adequately.  
22 I'm  
/sorry, it is our fault that we could not contact you.  
23 I have just been unaware, and I was not sure. But,  
24 unfortunately, we have no full-time staff and no  
25 one could take the initiative on a volunteer basis.  
26 We are here now and we are asking that now. That is  
27 one thing that we have learned tonight.

28 THE CHAIRMAN: Thank you. I think that  
29 I will adjourn this meeting and thank everyone for all  
30 of their assistance tonight.

--- Upon adjourning at 10:45 p.m.









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COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

Caravelle Hotel,  
Baie Comeau, Quebec

November 6, 1970



CANADA

PROVINCE DU QUEBEC

DISTRICT DE BAIE COMEAU

COMMISSION D'ENQUETE SUR L'USAGE DES DROGUES A  
DES FINS NON MEDICALES.

Président: Doyen Gérald Ledain.

Commissaires: Doyen Ian Campbel.

Docteur Heinz Lehman.

Professeur Marie-Andrée Bertrand.

Monsieur J. Peter Stein.

Secrétaire: Monsieur James Moore.

SEANCE TENUE LE SIX (6) NOVEMBRE MIL NEUF CENT  
SOIXANTE DIX (1970) A L'HOTEL CARAVELLE A BAIE  
COMEAU, PROVINCE DE QUEBEC.





DISCOURS D'OUVERTURE DU PROFESSEUR BERTRAND.

PROFESSEUR MARIE-ANDREE BERTRAND

commissaire: Mesdames, mesdemoiselles, messieurs  
je déclare cette séance de la commission d'enquête  
sur l'usage des drogues à des fins non médicales  
ouvertes.

Est-ce que vous m'entendez au fond ?

UNE VOIX DANS LE PUBLIC: Pas trop.

PROFESSEUR MARIE-ANDREE BERTRAND

commissaire: On va parler plus fort.

Je voudrais vous rappeler briève-  
ment les buts de la commission.

En un mot son histoire et vous dire  
ce que cherchons ici avec vous et quelles sont  
nos modes d'enquêtes.

La commission qui a été créée au  
printemps mil neuf cent soixante neuf (1969) a  
pour but comme vous voyez sur vos feuilles jaunes  
de faire rapport au gouvernement fédéral sur un  
phénomène qui s'appelle l'usage de la drogue à des  
fins non médicales, faire rapport de l'usage, de  
l'étendue de l'usage, des causes de ce phénomène,  
des sources de ce phénomène, ce qui fait que des  
jeunes et des moins jeunes prennent de la drogue  
à des fins non médicales et aussi comme le disait  
Monsieur Stein tout à l'heure à la radio de pro-  
poser, de faire des recommandations au gouverne-  
ment fédéral en vue de trouver des solutions à ce  
problème, si on appelle celà un problème.

Nous sommes aujourd'hui dans cette



DISCOURS D'OUVERTURE DU PROFESSEUR BERTRAND.

audience publique c'est à dire que ce que nous  
disons est publique.

La commission a d'autres modes d'en-  
quêtes qui sont les audiences privées, les entre-  
vues de l'une ou l'autre d'entre vous ou avec  
l'un ou l'autre des commissaires et aussi bien  
sûr vous pouvez écrire à la commission, nous  
envoyer vos témoignages par écrit en les signant  
ou sans les signer, si vous désirez que vos noms  
ne soient pas connus ils ne le seront jamais.

On nous a demandé tout à l'heure  
à la radio si nous pouvions garantir l'immunité  
aux témoins qui viennent devant nous, nous aider  
à remplir notre tâche d'enquêteurs.

Pour parler bien simplement, est-  
ce que l'un ou l'autre d'entre vous qui par ex-  
emple dirait ici aujourd'hui qu'il a fait usage  
d'une ou l'autre drogue, ce qui arrive dans pres-  
que toutes nos audiences, peut être inquiété  
par la police.

La réponse est la suivante. En-  
core une fois ces audiences sont des audiences  
publiques, nous avons cependant conclu une en-  
tente avec les autorités policières du pays  
à l'effet que nos séances d'informations ne  
soient pas utilisées pour des fins de répressions  
policières. Cela veut dire que tout simplement  
la police nous a assuré que de façon générale  
elle ne se servirait pas des témoignages des



DISCOURS D'OUVERTURE DU PROFESSEUR BERTRAND.

personnes qui sont consentantes à nous aider de leur expérience, pour ensuite les poursuivre.

Et depuis un an où nous sommes allés dans presque trente villes, où nous avons tenu plus de je pense de soixante séances, nous n'avons jamais entendu dire qu'on se soit servi de nos réunions pour aider la police ou si vous voulez arrêter des personnes qui auraient dit faire usage de la drogue. Nous ne l'avons pas entendu dire.

Alors j'espère que ceci répond à quelques unes des questions que vous pourriez vous poser.

Je vous répète que cette forme d'enquête n'est pas la seule et que nous pouvons donc vous voir aussi individuellement dans toute la mesure où le temps nous le permet, et je veux aussi vous dire que vous pouvez aussi écrire à la commission tant que vous le souhaitez en signant ou sans signer vos lettres, nous vous donnerons toutes les indications pour cela.

Nous sommes désireux de connaître votre vision de ce phénomène, ce que vous en pensez, d'où cela vient, selon vous ce qu'on pourrait faire, ce qu'on ne fait pas et ce que pense les jeunes et les jeunes qui font l'usage de la drogue ou qui n'en font pas usage, c'est aussi important pourquoi on fait usage ou pourquoi on n'en fait pas usage.

Nous avons un certain nombre de





DISCOURS D'OUVERTURE DU PROFESSEUR BERTRAND.

personnes à entendre qui se sont inscrites, c'est à dire qui ont dit qu'elles avaient des témoignages à nous apporter.

Nous en avons six, mais après leurs témoignages quand ils ont déposé de façon formelle leur mémoire écrit ou un mémoire verbal, vous avez toujours le loisir d'intervenir, ce ne sont pas ici des séances académiques où quelqu'un parle et tout le monde doit se taire toute la journée, après que quelqu'un a déposé, vous êtes libres, on vous invite à intervenir, à réagir à ce qui a été dit.

Je m'excuse j'ai oublié de nous présenter.

Voici mon collègue monsieur J. Peter Stein qui est de Colombie Britanique, et qui habite Vancouver et qui est commissaire à la commission Ledain, comme je le suis, mon nom est Marie-Andrée Bertrand.

Vous avez deux autres personnes qui appartiennent au personnel de la commission qui sont ici avec vous, c'est mademoiselle Odette Gagnon qui est obligé de prendre de par la loi, de prendre mot à mot tout ce qui se dit dans ces séances publiques et vous avez monsieur André Sirois qui est chargé ici et ailleurs des relations extérieures de la commission et des recherches sur l'influence des masses médias à propos du phénomène de la drogue, vous avez aussi madame Madeleine Morin que quelques uns d'entre vous ont rencontrée, qui est



DISCOURS D'OUVERTURE DU PROFESSEUR BERTRAND.  
représentante du Québec à la commission, elle  
est humblement assise par terre là bas.

Alors j'invite donc monsieur Jacques  
Rouleau qui est le directeur ici de la clinique  
Domrémy à nous présenter son mémoire.

MONSIEUR JACQUES ROULEAU, directeur  
général: D'abord je salue la commission, ça me fait  
plaisir au nom de l'organisme que je représente  
d'apporter notre rapport et une collaboration simple  
et franche au travail que la commission a déjà  
commencé pour nous situer devant ce phénomène.

Le centre de traitement pour alcooliques  
et autres toxicomanies, la clinique Domrémy,  
Côte-Nord a été incorporée en vertu de la troisième  
partie de la loi des compagnies et cela  
depuis le vingt neuf (29) septembre mil neuf cent  
soixante six (1966).

Le contrat d'achat de notre édifice  
du 559 Boulevard Blanche est l'ancien évêché et ce  
contrat a été lui même enregistré le sept (7)  
février mil neuf cent soixante huit (1968).

Suis une période d'intense organisation  
avec la collaboration de l'OPTAT, et les agents  
du ministère de la santé via les services psychiatriques  
du gouvernement du Québec, et nous voilà  
le vingt et un (21) août mil neuf cent soixante  
huit (1968) date d'admission du premier patient.

Depuis ce jour nous avons accueilli  
huit cent quatre vingt onze (891) malades, ce nombre



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 comprend six cent soixante huit personnes (668)  
3 différentes, donc soixante seize (76) femmes.

4 Si trente deux personnes travaillent  
5 ici, l'équipe de thérapeute, outre les ~~infirmières~~,  
6 l'équipe comprend médecins, un conseiller social,  
7 un conseiller moral, un psychologue, un éducateur  
8 physique, un psychiatre à temps partiel.

9 Nous sommes heureux d'apporter devant  
10 la commission, quelques brèves constatations sur une  
11 expérience limitée vécue avec onze (11) usagers  
12 des drogues depuis janvier mil neuf cent soixante dix  
13 (1970).

14 N'ayez crainte je ne donne aucun nom,  
15 nous cherchons tout simplement à aider la commission  
16 en décrivant quelles furent les considérations qu'on  
17 a pu remarquer chez les personnes qui sont venues  
18 consulter.

19 Devant le fait de jeunes gens demandant  
20 de l'aide, quoi faire ?

21 Aucune directive précise de l'OPTAT  
22 ou du ministère de la santé. Même si le sigle con-  
23 tient toxicomanies, nous recevons pratiquement,  
24 uniquement des malades éprouvant des difficultés  
25 de comportement avec l'alcool ! C'était un fait  
26 nouveau.

27 Déjà l'équipe s'intéressait au phé-  
28 nomène de la drogue par trente huit (38) appari-  
29 tions devant divers groupements étudiants ou  
30 sociaux sensibilisant près de deux milles cinq cents





1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 (2,500) personnes et celà depuis à peine un an.

3 Comment répondre à l'appel de  
4 ces jeunes autrement qu'en les recevant en clini-  
5 que pour connaître davantage et ces jeunes et les  
6 problèmes des drogues pour dialoguer avec eux,  
7 leur donnant bien entendu les soins médicaux  
8 nécessaires et la forme de " counseling " jugée  
9 la plus appropriée.

10 Si quelques parents nous réfèrerent  
11 leurs jeunes, deux le furent par des agents de  
12 probation, les autres vinrent d'eux mêmes et la  
13 plupart à l'insu de leurs parents.

14 Nous ne croyons pas ces jeunes re-  
15 présentatifs du milieu social de notre région;  
16 ils forment plutôt un groupe de marginaux par  
17 rapport à ceux de leur âge.

18 Voilà quelques facteurs de personna-  
19 lité observés. Ce sont tous des garçons, aucune  
20 fille à date, tous des garçons de quinze à vingt  
21 deux ans où le développement de personnalité se  
22 révèle chancelant.

23 L'identification avec le père où  
24 une figure paternelle n'a pas été bonne.

25 Il s'avère difficile de les moti-  
26 ver à faire quelque chose qui soit utile et à  
27 s'intégrer à leur milieu.

28 Le système des valeurs est plutôt  
29 perplexe, chez eux le principe du plaisir pré-  
30 domine.



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2                   Cependant la perte de contrôle de  
3 pouvoir mesurer le plaisir crée une angoisse qui  
4 les oblige à consulter, le déséquilibre sur le plan  
5 physique augmente avec l'anxiété et les motive  
6 d'une certaine façon à chercher de l'aide.

7                   Les facteurs familiaux révèlent que  
8 trois de ces jeunes viennent de familles désunies,  
9 un n'a jamais connu ses parents, il a passé son  
10 enfance et une partie de son adolescence dans des  
11 institutions. Chez les autres qui ont vécu dans  
12 leur famille, on a remarqué un fait constant: C'est  
13 la pauvre image du père; ceux ci ont peu d'influence  
14 dans leur famille, quelques uns sont alcooliques.  
15 Dans ces familles la mère domine.

16                   Chez la plupart de ces jeunes le  
17 dialogue, les bonnes relations avec leurs parents  
18 n'existent pas.

19                   Si on considère les facteurs sociaux,  
20 l'on peut dire que ces jeunes sont plus ou moins  
21 bien adaptés à la société qui nous entoure. Ils  
22 proviennent d'un milieu social assez pauvre, je  
23 m'explique, pauvreté affective et culturelle.

24                   Certains ont fait de la délinquance  
25 avec l'usage de la drogue ils se sont désintéressés  
26 de l'école et adoptent un comportement soit contre  
27 la société soit en marge de la société.

28                   Ces jeunes déclarent avoir surtout  
29 avoir utilisé le L.S.D. et autres drogues psycho-  
30 tropes. Le L.S.D. est pris d'une façon abusive



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 et régulière; l'entretient entre les prises de L.S.D.  
3 se fait à la marijuana ou au haschish.

4 L'usage des drogues s'orientait pour  
5 la plupart vers les drogues prises par injections,  
6 on a pu les identifier comme du L.S.D. ou des drogues  
7 similaires.

8 Il nous apparaît prématuré et prati-  
9 quement impossible d'évaluer les résultats du trai-  
10 tement. Pour plusieurs les séjours sont récents  
11 alors que quelques uns sont encore sous traitement.  
12 Une amélioration sensible a quand même été constatée  
13 chez certains.

14 PROFESSEUR MARIE-ANDREE BERTRAND  
15 commissaire: Je m'excuse monsieur Rouleau, quand  
16 vous parlez de séjours, voulez-vous dire que ces  
17 jeunes ont été gardés à l'intérieur de votre service  
18 hospitalier.

19 MONSIEUR JACQUES ROULEAU, directeur  
20 général: Oui.

21 PROFESSEUR MARIE-ANDREE BERTRAND  
22 commissaire: Peut-on vous demander la durée de ces  
23 séjours ?

24 MONSIEUR JACQUES ROULEAU directeur  
25 général: Ça a varié entre je dirais une période  
26 de dix jours à trois semaines un mois.

27 En plus de ce petit nombre de jeunes  
28 que nous avons reçus en traitement, un certain nombre  
29 d'usagers sont venus consulter soit un médecin, soit  
30 un conseiller social. Quelques uns viennent assez





1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 régulièrement recevoir une thérapie qu'ils ju-  
3 gent utile.

4 Qu'il nous soit permis de formuler  
5 quelques voeux:

6 " Le rapport provisoire de la commis-  
7 sion au chapitre des causes de l'usage des drogues  
8 renferme très peu au sujet des facteurs familiaux.  
9 Dans notre société au Québec, la famille a subi des  
10 transformations profondes, souvent les parents ne  
11 sont pas en mesure de jouer adéquatement leur rôle,  
12 il nous semblerait qu'il puisse y avoir une cer-  
13 taine relation entre cette situation et l'usage  
14 des drogues par des jeunes.

15 Nous souhaiterions qu'une étude  
16 sérieuse soit faite en ce sens, que la commission  
17 s'intéresse davantage à cet aspect du phénomène  
18 des drogues. Et à cette fin nous avons ajouté ici  
19 un travail préparé dont le titre est Parents agents  
20 importants de la toxicomanie chez les jeunes.

21 Le travail qui a été préparé en col-  
22 laboration avec le docteur J. Marcoux médecin trai-  
23 tant à la clinique de Québec et moi même lors  
24 de cours à l'université de Sherbrooke en mil neuf  
25 cent soixante huit (1968) ou soixante neuf (1969)  
26 je crois.

27 Dans ce travail on explique du fait  
28 que c'est assez long, tout de même, onze (11) pages  
29 de dactylo, après des études assez approfondies  
30 on donne l'évolution de la famille dans notre région



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.  
2 au Québec.

3 Et comme deuxième remarque ou si  
4 l'on veut il s'agit de voux pieux.

5 Devant le phénomène d'un nombre de  
6 plus en plus grand de jeunes s'adonnant à l'usage  
7 des drogues, un travail de prévention et de forma-  
8 tion doit être fait.

9 En ce moment, il ne se fait presque  
10 rien à ce sujet dans notre région.

11 De nos jours on ne saurait manqué  
12 de parler de sexualité dans les écoles alors que  
13 le phénomène n'existait pas il y a vingt ou vingt  
14 cinq ans, donc nous disons que de nos jours on  
15 devrait traiter dans les écoles de ce point de  
16 vue des drogues.

17 Il serait urgent pour les ministères  
18 concernés: la santé et l'éducation de voir à for-  
19 mer des personnes, des ressources qui seraient en  
20 mesure de donner de l'information valable au corps  
21 professorable et dans les écoles.

22 Le gouvernement via l'O.N.F.  
23 L'office Nationale du Film, pourrait fournir à  
24 ces personnes ressources des instruments néces-  
25 saires à leur travail d'information: films, publi-  
26 cations, ou audio-visuelles.

27 Il faudrait aussi avoir dans les  
28 diverses localités des centres de consultation où  
29 les usagers pourraient recevoir l'aide de personnes  
30 compétentes et compréhensives.



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 De plus nous déplorons le manque  
3 de ressource scientifique par exemple un Larousse  
4 des drogues aideraient grandement les thérapeutes  
5 dans leur travail.

6 Nous avons un Larousse de la langue  
7 française, le Larousse médical, le Larousse pour  
8 toutes sortes de choses, il serait peut-être bon  
9 qu'on en ait un pour les drogues.

10 Si les drogues sont un mal nécessaire  
11 apprenons à nos gens à mieux s'en accomoder et  
12 à nos professionnels de la santé à les soigner.

13 Sur ce je répète devant les jeunes  
14 qui sont ici la disponibilité de la clinique,  
15 nous ne sommes pas une boîte à miracle, mais  
16 nous sommes un groupe excessivement bien disposé  
17 à vous aider dans la mesure de nos moyens et nous  
18 souhaitons que nos moyens s'améliorent et en  
19 thérapeute et par le fruit peut-être des connais-  
20 sances que la commission saura nous apporter.

21 PROFESSEUR MARIE-ANDREE BERTRAND  
22 commissaire: Merci beaucoup monsieur Rouleau.

23 Pouvez-vous rester quelques minutes  
24 pour les questions qu'on voudrait vous poser.

25 Alors à propos de cette lacune que  
26 vous remarquez dans notre rapport provisoire quand  
27 vous dites qu'au chapitre des causes nous ne par-  
28 lons pas beaucoup de la famille. Je pense, je  
29 ne sais pas si monsieur Stein sera d'accord, mais  
30 je crois que vous avez raison, nous ne parlons pas





1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 de la famille comme telle, mais nous parlons ce-  
3 pendant beaucoup je pense du problème de communi-  
4 cation entre générations qui sont à la source  
5 pensons-nous d'une aliénation, d'un sentiment d'être  
6 en dehors du jeu de plus en plus considérable,

7 Est-ce que je pourrais vous demander  
8 sans nous lire votre travail que nous lirons avec  
9 beaucoup de plaisir, votre travail préparé au cours  
10 de Sherbrooke, quelles sont vos principales consi-  
11 dérations sur la famille, que pourrions nous faire  
12 pour prévenir ce problème d'abord de la famille  
13 elle-même.

14 MONSIEUR JACQUES ROULEAU, directeur  
15 général: Je ne pose pas à l'expert. Nous avons  
16 surtout étudié, constaté l'évolution qui s'est  
17 produit de la famille.

18 De rurale elle est devenue citadaine,  
19 pour résumer, prendre une image que tout le monde  
20 va saisir, des clans qu'on avait, des clans Kennedy  
21 par exemple, revenons à des exemples moins frappants,  
22 nous avons par exemple la constatation pécuniaire  
23 les groupes autrefois dans le Québec se situaient  
24 autour de l'autorité d'un père qui avait une fa-  
25 mille excessivement nombreuse et qui formait avec  
26 ses enfants un clan où toutes les ressources re-  
27 venaient presque toujours à la source.

28 Alors que de plus en plus avec  
29 l'évolution que l'on connaît, que l'on a connue,  
30 chacun prend son petit bonhomme de chemin, les



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 maisons sont presque surpeuplées.

3 Il y a aussi le phénomène des  
4 chiffres, les gens travaillent à des horaires  
5 différentes, pour employer un terme ici sur des  
6 " shifts " des chiffres de quatre à minuit, de  
7 minuit à quatre, ce qui encore là très souvent  
8 ne coïncide pas avec l'horaire de l'enfant, l'en-  
9 fant arrive de l'école, son père est couché ou  
10 est absent, il part pour l'école il n'est pas levé,  
11 ce qui élimine tous les contacts possibles entre  
12 cette cellule de la famille.

13 On se rencontre dans quelques cas  
14 pour aller à la messe le dimanche encore ceux qui  
15 y vont, parce que même celà il y a Vatican deux et  
16 Vatican deux et demi qui sont passés.

17 PROFESSEUR MARIE-ANDREE BERTRAND  
18 commissaire: On peut dire qu'il y a une évolution  
19 absolument profonde et fantastique qui s'est faite.

20 MONSIEUR JACQUES ROULEAU directeur  
21 général: Oui.

22 PROFESSEUR MARIE-ANDREE BERTRAND  
23 commissaire: Comment reliez-vous celà, il y  
24 aurait donc l'absence des parents du à des heures  
25 de travail de moins en moins reliées si vous voulez  
26 à la vie des gens éveillés, qui se lèvent le ma-  
27 tin et qui se couchent le soir, donc à la vie des  
28 jeunes qui sont forcés, à l'école, d'être réveillés  
29 le jour et d'un autre côté il y a aussi la divi-  
30 sion des membres de la famille qui se distribuent



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 à l'est et à l'ouest, comment liez-vous celà  
3 avec la drogue de façon précise. Je pense qu'on  
4 peut lier celà à la délinquance juvénile ou  
5 l'absentéisme scolaire, comment reliez-vous celà  
6 à la drogue ?

7 MONSIEUR JACQUES ROULEAU directeur  
8 général: De la même façon qu'on peut relier  
9 d'abord l'absence de figure paternelle va faciliter  
10 décidément le jeune à tenter n'importe quelle ex-  
11 périence pour connaître ce que ses copains ont  
12 connu.

13 Les valeurs étant à peu près dispa-  
14 rues ou inexistantes on va s'adonner à un plaisir  
15 nouveau.

16 UNE VOIX DANS LE PUBLIC: On s'embar-  
17 que sans connaître les conséquences, on cherche  
18 toujours à peu près comme dans n'importe quel do-  
19 maine à aller plus loin, jusqu'au moment où ne  
20 possédant pas l'épine dorsale nécessaire pour pe-  
21 ser le pour et le contre on est sur le chemin du  
22 non retour.

23 PROFESSEUR MARIE-ANDREE BERTRAND  
24 commissaire: D'après vous c'est lié à l'absence  
25 des parents ?

26 MONSIEUR JACQUES ROULEAU directeur  
27 général: La cellule familiale n'étant plus du tout  
28 ce qu'elle était, je crois qu'il est important  
29 aussi de considérer les limites d'âge.

30 Nous avons une génération aujourd'hui





1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.  
2 où les parents sont à peu près dans la quarantaine  
3 pour la plupart, ce sont des gens qui sont di-  
4 plômés de septième ou de huitième année, où les  
5 enfants sont maintenant beaucoup plus instruits  
6 que leurs parents.

7 MONSIEUR J. PETER STEIN commissaire:  
8 Quelle est votre idée sur la question, est-ce que  
9 c'est toujours un signe d'une maladie pour une  
10 personne si il boit ?

11 PROFESSEUR MARIE-ANDREE BERTRAND  
12 commissaire: Est-ce que toute personne qui fait  
13 usage d'alcool selon vous montre de quelques fa-  
14 çons qu'elle n'est pas adaptée ou malade ?

15 MONSIEUR JACQUES ROULEAU directeur  
16 général : D'habitude il existe plusieurs facteurs,  
17 ça peut...

18 MONSIEUR J. PETER STEIN commissaire:  
19 La question est vraiment trop vague. Etes-vous  
20 contre l'usage de l'alcool ?

21 MONSIEUR JACQUES ROULEAU directeur  
22 général: Pas du tout l'alcool est un bon produit.  
23 Maintenant si l'usage pour monsieur X ou pour  
24 mademoiselle une telle si son comportement ne  
25 lui permet pas de faire usage.

26 MONSIEUR J. PETER STEIN commissaire:  
27 Est-ce que c'est la même chose pour toutes les  
28 drogues, c'est toujours une question de personna-  
29 lité, une question individuelle ou est-ce qu'il  
30 y a des drogues qui sont impossibles à être



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 utilisées ?

3 MONSIEUR JACQUES ROULEAU directeur  
4 général: Bien j'imagine qu'en connaissant mieux  
5 les drogues, et puis en connaissant aussi leur  
6 influence, l'influence qui peut être désastreuse  
7 pour la partie en haut des épaules et sur le com-  
8 portement, je pense que les jeunes ou les adultes  
9 devraient s'en abstenir tout en étant dûment in-  
10 formés.

11 PROFESSEUR MARIE-ANDREE BERTRAND  
12 commissaire: Si vraiment les effets sont des effets  
13 dommageables ?

14 MONSIEUR JACQUES ROULEAU directeur  
15 général: Si les effets sont dommageables évidem-  
16 ment du moins je crois qu'ils le sont à mon point  
17 de vue personnel.

18 PROFESSEUR MARIE-ANDREE BERTRAND  
19 commissaire: Si vous donnez comme une des sources  
20 du phénomène la situation familiale que vous dé-  
21crivez comme une situation un peu pathologique  
22 je pense dans votre esprit le père qui n'est pas  
23 là, les parents qui ne sont à peu près jamais là  
24 aux heures où les enfants pourraient être à la  
25 maison, pour vous ce n'est pas une bonne chose ?

26 MONSIEUR JACQUES ROULEAU directeur  
27 général : C'est définitivement non d'après moi,  
28 d'après l'équipe aussi.

29 PROFESSEUR MARIE-ANDREE BERTRAND  
30 commissaire: Si vous donnez comme source du



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.  
2 phénomène cette raison ce n'est pas la source  
3 unique.

4 MONSIEUR JACQUES ROULEAU directeur  
5 général: C'est une des sources où une facette du  
6 problème, une facette probablement sérieuse.

7 MONSIEUR J. PETER STEIN commissaire:  
8 Parce qu'il y a beaucoup de familles, pendant  
9 l'année dernière, la dernière année nous avons  
10 rencontré beaucoup de familles qui sont ensemble  
11 et où il y a beaucoup d'usages de drogues, disons  
12 qu'il n'y a peut-être pas beaucoup beaucoup, mais  
13 il y a usage de drogues hallucinogènes, des drogues  
14 comme celà et aussi l'alcool.

15 PROFESSEUR MARIE-ANDREE BERTRAND  
16 commissaire: Il y a beaucoup de familles disons  
17 normales ou normalement unies ou on a quand même  
18 des jeunes qui occasionnellement font usage de  
19 drogues et non pas un abus des drogues, est-ce  
20 que c'est bien celà ?

21 MONSIEUR J. PETER STEIN commissaire:  
22 Oui je crois.

23 MONSIEUR JACQUES ROULEAU directeur  
24 général: Les enfants ont toujours une certaine  
25 curiosité, même dans les familles averties ces  
26 jeunes là après tout sont intelligents ils vivent  
27 aussi dans leur milieu, ils ont tout de même l'a-  
28 vis familial vis à vis ces problèmes là et non  
29 seulement des commentaires d'amis ou ce qu'on  
30 en dit à la télé.





1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 PROFESSEUR MARIE-ANDREE BERTRAND

3 commissaire: Est-ce qu'il y aurait des questions ?

4 UNE VOIX DANS LE PUBLIC: Monsieur

5 Rouleau quand vous parlez de drogue, est-ce que

6 vous mettez tout celà dans le même paquet, disons

7 est-ce que vous faites une différence d'intensité

8 est-ce qu'elles sont toutes dangereuses ou bien

9 si il y a disons des sortes de drogues qui ne sont

10 pas trop pires, pas trop dangereuses ?

11 MONSIEUR JACQUES ROULEAU directeur

12 général: Remarquez que ce n'est pas docteur Rou-

13 leau qui est ici. Il y a des médecins dans ma

14 famille mais ce n'est pas moi.

15 UNE VOIX DANS LE PUBLIC: Dans votre

16 rapport quand vous parlez de drogues vous les mettez

17 toutes dans le même paquet.

18 MONSIEUR JACQUES ROULEAU directeur

19 général: Dans le rapport monsieur j'ai dit que

20 nous apportons tout simplement des constatations

21 vécues à partir de onze dossiers qui ont consulté.

22 C'est ni plus ni moins que la photographie ou la

23 silhouette que l'on peut donner des onze cas, des

24 onze jeunes qui sont venus.

25 UNE VOIX DANS LE PUBLIC: Qui sont

26 en fait des usagers de L.S.D. et d'amphétamines ?

27 MONSIEUR JACQUES ROULEAU directeur

28 général: Oui.

29 PROFESSEUR MARIE-ANDREE BERTRAND

30 commissaire: Mais je pense que si je vous comprends



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 bien, le sens de votre intervention c'était est-ce  
3 que selon vous les causes d'usage de la drogue,  
4 les causes que vous decelez par exemple au niveau  
5 de la famille, est-ce que ça s'applique à toutes les  
6 drogues par exemple, est-ce que vous diriez qu'un  
7 jeune et un moins jeune dont le foyer n'est vraiment  
8 pas très uni, les parents pas présents, est plus  
9 porté qu'un autre à faire occasionnellement usage  
10 de marijuana, est-ce que pour vous c'est un pro-  
11 blème que quelqu'un fasse occasionnellement usage  
12 de marijuana ?

13 MONSIEUR JACQUES ROULEAU directeur  
14 général: Je ne vois pas de problème majeur là dedans,  
15 ça fait un peu partie quoi, de notre société, c'est  
16 comme le jeune va parce qu'il a vu son frère, son  
17 père fumer, il va tout jeune commencer en cachette  
18 à fumer une cigarette. Pour certain ils vont conti-  
19 nuer tout le temps de leur vie, d'autres pendant  
20 un certain temps en cachette et éventuellement  
21 d'autres ne fumeront pas du tout, ça ne les influen-  
22 cera pas davantage du moins je ne vois pas là un  
23 problème.

24 PROFESSEUR MARIE-ANDREE BERTRAND  
25 commissaire: Est-ce qu'il y a d'autres questions ?

26 UNE VOIX DANS LE PUBLIC: Bien moi  
27 j'aimerais savoir si d'après votre enquête ces  
28 jeunes là est-ce qu'ils vont commencer par de fortes  
29 doses ou si bien si ils ont commencé par la marijuana  
30 ou d'autres choses du même genre pour en venir à



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.  
2 des doses massives ?

3 PROFESSEUR MARIE-ANDREE BERTRAND  
4 commissaire: Je pense que monsieur nous a dit  
5 qu'il avait vu des cas de doses massives est-ce  
6 que je me trompe ?

7 MONSIEUR JACQUES ROULEAU directeur  
8 général: Non.

9 PROFESSEUR MARIE-ANDREE BERTRAND  
10 commissaire: Mais vous demandez si il y a relation  
11 d'une drogue à l'autre et si en prenant de la mari  
12 on peut venir à en prendre beaucoup beaucoup pour  
13 que ça vous rende malade ?

14 UNE VOIX DANS LE PUBLIC: Oui c'est  
15 ça .

16 MONSIEUR JACQUES ROULEAU directeur  
17 général: Encore une fois ce n'est pas le docteur  
18 Rouleau, ce n'est pas moi qui donne des intra  
19 veineuses, ce n'est pas moi qui signe les prescrip-  
20 tions ou les livres, je crois que l'état actuel  
21 de la science nous enseigne qu'il y a certaines  
22 drogues qui vont créer l'habitude, d'autres moins,  
23 il y en a qui ont des influences nocives échelonnées  
24 sur une très longue période, encore là les recher-  
25 ches me sont pas concluantes partout.

26 Ce qui veut dire qu'il y a énor-  
27 mement de points d'interrogation, je ne suis ni  
28 chimiste, ni médecin, je ne connais absolument  
29 rien des conséquences heureuses ou malheureuses  
30 des drogues. Je crois qu'il ne m'appartient





1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 pas de répondre, ce n'est pas à moi de donner des  
3 implications des drogues.

4 UNE VOIX DANS LE PUBLIC: Je parle de  
5 vos enquêtes, est-ce que vous vous êtes informé  
6 du début, est-ce que d'après vos enquêtes, les jeunes  
7 ont commencé par des doses minimales de mari, on dit  
8 que ça ne fait pas d'accoutumance.

9 MONSIEUR JACQUES ROULEAU directeur  
10 général: Je pense que les jeunes ont pris, ont com-  
11 mencé avec ce qu'on leur a donné, ce qu'on leur a  
12 vendu, je ne crois qu'ils soient en mesure de le  
13 dire eux mêmes, il aurait fallu avoir un laboratoire  
14 chimique sous la main pour être en mesure de faire  
15 l'analyse de l'intensité de la valeur, du pourcen-  
16 tage de chacun des produits. Je trouve que c'est  
17 aligné des mots et être incapable d'y mettre un sens.

18 UNE VOIX DANS LE PUBLIC: Monsieur vous  
19 disiez tout à l'heure que l'alcool vous trouviez  
20 celà bon, est-ce que je pourrais savoir d'autre  
21 chose, la drogue, par exemple, je parle de la mari-  
22 juana et du haschish, est-ce que vous trouvez que  
23 l'abus de l'alcool est plus dangereux que l'abus  
24 de marijuana et de haschish ?

25 MONSIEUR JACQUES ROULEAU directeur  
26 général: Encore là il faut distinguer, celà dépend  
27 probablement du sujet qui en fait usage, ça dépend  
28 de la personnalité de chacun.

29 PROFESSEUR MARIE-ANDREE BERTRAND  
30 commissaire: Est-ce qu'il y a d'autres questions ?



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 UNE VOIX DANS LE PUBLIC: Est-ce que  
3 c'est possible d'entrer à votre institution sans  
4 informer les parents, vous dites qu'il y a des pa-  
5 rents qui n'étaient pas au courant que certains  
6 enfants étaient là est-ce que c'est possible que quel-  
7 qu'un entre là sans que les parents le sachent ?

8 MONSIEUR JACQUES ROULEAU directeur  
9 général: C'est possible. Remarquez bien une chose  
10 nous avons trente deux personnes et elles ne sont  
11 pas sous serment pour dire qu'ils n'ont pas vu un  
12 tel ou un tel, on leur demande de faire leur pos-  
13 sible pour garder une très grande discrétion.

14 Moi je peux vous affirmer une chose  
15 c'est que les médecins ou les thérapeutes n'iront  
16 pas dévoiler un dossier qui est en sa présence  
17 surtout si on a demandé de ne pas le révéler, nous  
18 allons plutôt tenter de convaincre le jeune, parce  
19 qu'après tout il fait justement partie de la famille,  
20 il fait partie de la cellule familiale et ce serait  
21 dans son intérêt pour son intégration à la société  
22 d'y revenir, parce que par après il aura sûrement  
23 besoin d'être mieux compris par sa famille, c'est  
24 une question de relation mais si il ne veut abso-  
25 lument pas...

26 UNE VOIX DANS LE PUBLIC: C'est tou-  
27 jours possible d'y aller sans que nos parents soient  
28 au courant ?

29 MONSIEUR JACQUES ROULEAU directeur  
30 général: C'est toujours possible, est-ce que ce sera



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 possible de garder le secret là seulement là  
3 nous autres on le souhaite, mais encore là moi  
4 je dis que ce n'est pas le point important par-  
5 ce qu'au sortir le jeune retourne jouer l'autruche  
6 et ça n'a jamais payé de se cacher la tête dans  
7 le sable, ce n'est pas payant.

8 PROFESSEUR MARIE-ANDREE BERTRAND  
9 commissaire: Je vous demande, ce n'est pas du  
10 tout un piège, c'est vraiment pour nous rensei-  
11 gner parce que nous ne sommes pas nous de Baie  
12 Comeau et de Hauterive, dans le milieu ici, j'es-  
13 père que vous pourrez nous aider à répondre à  
14 cette question monsieur Rouleau, dans ce milieu  
15 ci qu'est-ce qui arriverait à un jeune qui aurait  
16 le bon sens, je dis le bon sens de demander de  
17 l'aide à des gens compétents comme les gens de  
18 la clinique Domrémy alors qu'il a un problème  
19 avec la drogue, qu'est-ce qui arrive avec sa  
20 famille à l'école ou ailleurs ?

21 UNE VOIX DANS LE PUBLIC: Vous vous  
22 adressez à moi ?

23 PROFESSEUR MARIE-ANDREE BERTRAND  
24 commissaire: Oui.

25 UNE VOIX DANS LE PUBLIC: Bien ça  
26 dépend des parents aussi.

27 Je ne sais pas mais dans mon cas  
28 si je serais pris de même, je crois qu'en arri-  
29 vant chez nous probablement que j'aurais des  
30 mises au point à faire avec mes parents mais je ne





1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 sais pas.

3 PROFESSEUR MARIE-ANDREE BERTRAND  
4 commissaire: Et puis à l'école ?

5 UNE VOIX DANS LE PUBLIC: Bien à  
6 l'école probablement que les gars trouveraient  
7 celà comique.

8 PROFESSEUR MARIE-ANDREE BERTRAND  
9 commissaire: Et la direction de l'école ?

10 UNE VOIX DANS LE PUBLIC: Elle elle  
11 ne trouverait pas celà comique et ça ne nous ai-  
12 derait pas.

13 PROFESSEUR MARIE-ANDREE BERTRAND  
14 commissaire: C'est très important pour vous  
15 aussi parce qu'au fond c'est tout votre travail  
16 qui est conditionné de cette façon, vous dites  
17 que vous ne pouvez pas garantir le secret par-  
18 ce qu'il y a trente deux personnes à ce service  
19 et c'est extrêmement difficile de ne jamais  
20 mentionné un nom c'est bien compréhensible,  
21 est-ce que vous avez aussi des problèmes aussi,  
22 monsieur Stein est spécialement intéressé à cet  
23 aspect parce qu'il travaille sur un service de  
24 traitement dont nous allons recommander qu'il  
25 soit établi, est-ce que vous avez aussi des pro-  
26 blèmes légaux quand les gens ne sont pas majeurs  
27 selon la loi quand ils n'ont pas dix huit ans,  
28 avez-vous le moyen de vous munir d'un mandat ou  
29 je ne sais pas d'une précaution légale pour aider  
30 un jeune sans que ses parents aient à signer pour



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 lui ?

3 MONSIEUR JACQUES ROULEAU directeur  
4 général: A date le problème ne s'est pas soulevé.

5 PROFESSEUR MARIE-ANDREE BERTRAND  
6 commissaire: Le problème ne s'est pas soulevé ?

7 MONSIEUR JACQUES ROULEAU directeur  
8 général: Non.

9 PROFESSEUR MARIE-ANDREE BERTRAND  
10 commissaire: Vous avez opéré de bonne foi avec  
11 les jeunes qui venaient vous trouver ?

12 MONSIEUR JACQUES ROULEAU directeur  
13 général: Oui et comme je l'ai exposé tout à l'heure  
14 on a toujours, je crois du moins jusqu'à preuve  
15 du contraire toujours essayer de sensibiliser le  
16 jeune au lieu de fuir son milieu, à ne plus le  
17 rechercher ou du moins souvent nous essayons d'ap-  
18 poter les correctifs qui doivent être apportés dans  
19 le milieu familial, ça c'est tout aussi important  
20 de rencontrer à ces occasions là le milieu familial  
21 que de rencontrer le jeune lui-même.

22 Parce que la majeure partie du temps  
23 ce jeune là n'est pas responsable de la situation  
24 qu'il traverse.

25 Si vous me permettez...

26 PROFESSEUR MARIE-ANDREE BERTRAND  
27 commissaire: Oui je vous en prie.

28 MONSIEUR JACQUES ROULEAU directeur  
29 général: Juste quelques lignes des conclusions  
30 du travail sur justement l'aspect des parents



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 Il n'a pas été de notre intention  
3 de prétendre que les parents constituaient le  
4 seul facteur de toxicomanie chez les jeunes mais  
5 nous avons souligné le rôle important qu'ils  
6 doivent encore, en mil neuf cent soixante dix  
7 (1970) jouer dans l'éducation de leurs enfants.

8 Nous avons l'impression qu'un en-  
9 fant bien équilibré, éduqué de façon compétente,  
10 offrira une plus grande résistance à l'emprise  
11 que pourra exercer sur lui la toxicomanie.

12 PROFESSEUR MARIE-ANDREE BERTRAND  
13 commissaire: C'est beaucoup dans le sens de la  
14 prévention ?

15 MONSIEUR JACQUES ROULEAU directeur  
16 général: Oui c'est de l'éducation positive  
17 au lieu de jouer le jeu de l'autruche de se ca-  
18 cher la tête dans le sable et essayer de réparer  
19 les pots cassés une fois qu'on est pris avec.

20 INSPECTEUR MARIE-ANDREE BERTRAND  
21 commissaire: Monsieur Rouleau comment expliqueriez  
22 vous, vous qui connaissez cette région, comment  
23 expliqueriez vous que les adultes ne sont pas  
24 ici ?

25 MONSIEUR JACQUES ROULEAU directeur  
26 général: Je ne sais pas si c'est un apport vala-  
27 ble dans le contexte que nous avons ici, mais  
28 souvent dans notre génération parce que je suis  
29 des plus de quarante ans, les enfants sont mieux  
30 instruits que les parents, est-ce que à un moment





1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.  
2 donné ils n'ont pas beaucoup plus de difficultés  
3 à s'exprimer en publique que n'importe quels des  
4 jeunes qui sont ici, eux ils vont se lever tout  
5 bonnement et dire ce qu'ils pensent, dire ce  
6 qu'ils ressentent, alors que très peu de père de  
7 famille ou de mère de famille vont venir ici et  
8 puis exposer franchement honnêtement ce qu'ils  
9 ressentent, les expériences qu'ils ont vécus.  
10 Je pense qu'il y a un phénomène qui joue en ce  
11 sens là.

12 PROFESSEUR MARIE-ANDREE BERTRAND  
13 commissaire: D'après vous est-ce que les parents  
14 de Baie Comeau et de la région sont inquiets à  
15 propos de la drogue ?

16 MONSIEUR JACQUES ROULEAU directeur  
17 général: Plusieurs le sont.

18 PROFESSEUR MARIE-ANDREE BERTRAND  
19 commissaire: Et pourquoi est-ce qu'ils ne sont  
20 pas ici ?

21 MONSIEUR JACQUES ROULEAU directeur  
22 général: J'ai vécu l'expérience, il y a des  
23 associations de parents au collège Hauterive,  
24 l'an dernier j'en faisais partie, peut-être que  
25 cet organisme là viendra devant votre commission,  
26 j'ai eu des téléphones récemment du secrétaire,  
27 je crois de la chambre de commerce qui était pré-  
28 occupé du problème et me demandait toujours sous  
29 quelle forme l'exposer ou venir en parler ici  
30 devant la commission. On ne savait pas trop la



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.  
2 façon de procéder ou quoi faire et comment le  
3 faire.

4 Mais on est tout de même conscient  
5 du problème.

6 Je crois que d'abord celà vous sera  
7 peut-être confirmé, je ne veux pas prétendre ou  
8 dire que monsieur Pagé ou l'abbé Vachon vous  
9 dirait celà, mais eux ils sont mêlés directement  
10 à l'éducation.

11 MONSIEUR J. PETER STEIN commissaire:  
12 C'est une chose intéressante parce que dans toutes  
13 les villes, dans toutes les parties du Canada celà  
14 a toujours été les parents avec qui il a toujours  
15 été le plus difficile de discuter de ces choses  
16 en publique, de ces choses en privé.

17 PROFESSEUR MARIE-ANDREE BERTRAND  
18 commissaire: Oui en petit groupe aussi c'est très  
19 difficile.

20 MONSIEUR JACQUES ROULEAU directeur  
21 général: Je pense que toute société ou que dans  
22 n'importe quelle ville à peu près ce sont tou-  
23 jours les mêmes quoi qui s'occupent d'associations  
24 etc. La masse est silencieuse.

25 MONSIEUR J. PETER STEIN commissaire:  
26 Il y a une certaine curiosité pour moi la dedans,  
27 toujours nous écoutons ce que les jeunes ont à  
28 dire, ils sont contre le monde, contre le gouver-  
29 nement toutes les choses, mais dans cette enquête  
30 il ya beaucoup de jeunes qui ont le désir de parler



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.  
2 avec le gouvernement, qui ont l'intention de  
3 participer à l'enquête et c'est les adultes qui  
4 sont absents et peut-être apathiques et aussi la  
5 crainte je suis sûr, c'est un facteur.

6 PROFESSEUR MARIE-ANDREE BERTRAND  
7 commissaire: Si vous avez le temps d'inviter vos  
8 parents cet après-midi peut-être que vous ne  
9 voulez pas parler devant eux, c'est une autre  
10 chose, et je pense que ce serait important, vous  
11 voyez finalement nos recommandations et notre  
12 perspective elle sera basée sur la perception des  
13 jeunes. Depuis un an nous avons rencontré presque  
14 un million dont huit cent milles d'entr'eux étaient  
15 des jeunes, pas parce que nous n'avons pas invité  
16 les parents, mais parce que peut-être ils ne se  
17 souciaient pas ou n'avaient pas envie de parler  
18 sur cette question, de cette question.

19 UNE VOIX DANS LE PUBLIC: Oui je  
20 pense aussi que les parents, ils sont inquiets,  
21 ils ne se rendent pas tellement compte de la si-  
22 tuation, parce qu'on va leur en parler et puis  
23 ils vont dire qu'il y a de l'exagération, ça ne  
24 se passe pas comme celà, ce n'est pas si grave  
25 que celà, penses-tu que les jeunes font usage  
26 de L.S.D., de mari, il y en a beaucoup qui disent  
27 celà mais c'est incroyable, pourtant c'est un  
28 sujet pas mal à la mode et en vogue depuis deux  
29 ans certain. Mais il y en a encore qui se refu-  
30 se à croire que ça existe et puis que c'est réel.





1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 PROFESSEUR MARIE-ANDREE BERTRAND

3 commissaire: D'après-vous est-ce que c'est répandu ?

4 UNE VOIX DANS LE PUBLIC: Très ré-  
5 pandu.

6 PROFESSEUR MARIE-ANDREE BERTRAND

7 commissaire: Combien y-a-t-il de jeunes d'après  
8 vous qui ont fait l'expérience ?

9 UNE VOIX DANS LE PUBLIC: Il y en a  
10 beaucoup.

11 PROFESSEUR MARIE-ANDREE BERTRAND

12 commissaire: Ici ? Pas dans la salle, dans la  
13 région si vous voulez ?

14 UNE VOIX DANS LE PUBLIC: Je pense  
15 qu'il y en a beaucoup.

16 PROFESSEUR MARIE-ANDREE BERTRAND

17 commissaire: Qu'est-ce que c'est pour vous beau-  
18 coup, est-ce que c'est un sur cinq, un sur dix ?

19 UNE VOIX DANS LE PUBLIC: Je ne  
20 peux pas affirmer de chiffre, je n'ai pas fait  
21 d'enquête personnellement, mais il y a quelqu'un  
22 qui a parlé à la radio l'année dernière et il  
23 avait donné des chiffres, mais d'après moi je  
24 pense que parmi les jeunes je pourrais dire qu'il  
25 y en a au moins un sur dix qui l'a essayé, ça  
26 c'est dans le moins.

27 UNE VOIX DANS LE PUBLIC: Neuf sur  
28 dix.

29 PROFESSEUR MARIE-ANDREE BERTRAND

30 commissaire: Vous qu'est-ce que vous en dites ?



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 qu'est-ce que vous en pensez ?

3 UNE VOIX DANS LE PUBLIC: Moi je  
4 dirais neuf point neuf neuf neuf 9.999 qui ont  
5 essayé.

6 UNE VOIX DANS LE PUBLIC: Un coup  
7 parti onze sur dix. Mais on dit celà pour s'amuser.

8 UNE VOIX DANS LE PUBLIC: Pensez-  
9 vous qu'un jeune qui prend de l'acide, combien  
10 est-ce que celà va prendre de fois avant d'être  
11 obligé de se faire traiter, combien de fois il  
12 faut prendre de l'acide ?

13 UNE VOIX DANS LE PUBLIC: Je ne sais  
14 pas si je peux me permettre de répondre à ça,  
15 mais je dirais que moi j'ai connu des jeunes à  
16 qui ça n'a pas pris beaucoup de fois.

17 UNE VOIX DANS LE PUBLIC: Mais est-  
18 ce qu'il y a un seuil de tolérance au L.S.D.  
19 dont on parle dans le rapport ?

20 PROFESSEUR MARIE-ANDREE BERTRAND  
21 commissaire: Peter je crois que cette question là  
22 nous a été posée à la radio aussi.

23 MONSIEUR J. PETER STEIN commissaire:  
24 Si il existe un seuil de tolérance nous nous ne le  
25 savons pas.

26 PROFESSEUR MARIE-ANDREE BERTRAND  
27 commissaire: Je pense que nous ne le connaissons  
28 pas. Je pense que nous n'avons pas non plus  
29 connu de jeunes pour être bien franc, nous n'avons  
30 pas eu de témoignages de jeunes et de moins jeunes



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 qui ont fait un usage régulier du L.S.D. pendant  
3 des mois, c'est pas une drogue...

4 UNE VOIX DANS LE PUBLIC: C'est par-  
5 ce qu'on ne vous l'a pas dit.

6 UNE VOIX DANS LE PUBLIC: Ce n'est  
7 pas une drogue qu'on prend régulièrement tu peux  
8 en prendre deux semaines, trois semaines et tu  
9 n'es pas pris avec le désir d'en prendre tout le  
10 temps.

11 PROFESSEUR MARIE-ANDREE BERTRAND  
12 commissaire: Le besoin d'en prendre.

13 UNE VOIX DANS LE PUBLIC: Oui le  
14 besoin.

15 PROFESSEUR MARIE-ANDREE BERTRAND  
16 commissaire: Tu dis besoin.

17 UNE VOIX DANS LE PUBLIC: Le besoin.  
18 On ne la prend pas pour le besoin mais pour le  
19 plaisir.

20 PROFESSEUR MARIE-ANDREE BERTRAND  
21 commissaire: Ce n'est pas pareil. Qu'est-ce que  
22 ce serait ta réponse à toi ?

23 UNE VOIX DANS LE PUBLIC: Je ne sais  
24 pas je vous la pose.

25 PROFESSEUR MARIE-ANDREE BERTRAND  
26 commissaire: Je ne suis pas sûr que tu ne sais  
27 pas d'après toi est-ce que tu as vu des jeunes,  
28 je ne parle pas nécessairement de la région, tu  
29 peux avoir des amis ailleurs, est-ce que tu as  
30 vu des jeunes qui d'après toi se sont vraiment





1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 détériorés avec l'usage du L.S.D.

3 UNE VOIX DANS LE PUBLIC: Non pas  
4 en ce moment.

5 PROFESSEUR MARIE-ANDREE BERTRAND  
6 commissaire: Pardon.

7 UNE VOIX DANS LE PUBLIC: Pas jusqu'à  
8 présent.

9 PROFESSEUR MARIE-ANDREE BERTRAND  
10 commissaire: Pas jusqu'à présent.

11 UNE VOIX DANS LE PUBLIC: Clément  
12 a dit tout à l'heure du moins je crois, que quel-  
13 qu'un n'avait pas à en faire beaucoup l'usage  
14 pour être détérioré, c'est qu'effectivement des  
15 sujets, je pense que monsieur Rouleau peut me corro-  
16 borer, il a certainement vu à sa clinique des  
17 sujets qui ont des prédispositions psychotiques  
18 pour employer le jargon psychiatrique, qui peuvent  
19 certainement être affectés, qui peuvent certaine-  
20 ment être affectés sérieusement par le L.S.D., ça  
21 dépend du terrain.

22 MONSIEUR JACQUES ROULEAU directeur  
23 général: La même chose si on transplante celà au  
24 point de vue de l'alcool, il y a quelque malades  
25 qui vont franchir réellement, passer le seuil de  
26 la maladie très rapidement alors que d'autres ça  
27 peut s'étendre sur une période de douze à quinze  
28 ans.

29 UNE VOIX DANS LE PUBLIC: Ou même à  
30 quarante ans.



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 MONSIEUR JACQUES ROULEAU directeur  
3 général: D'autres ne le deviendront jamais.

4 UNE VOIX DANS LE PUBLIC: C'est  
5 peut-être l'idée qu'il se fait de ce qu'il prend.

6 PROFESSEUR MARIE-ANDREE BERTRAND  
7 commissaire: L'idée qu'on se fait...

8 UNE VOIX DANS LE PUBLIC: Oui en le  
9 prenant, si quelqu'un est convaincu de quelque  
10 chose, on l'a pratiquement, si quelqu'un s'imagine  
11 qu'il a mal à la main et puis qu'il se dit qu'il  
12 a mal à la main évidemment il va avoir mal à la  
13 main, par exemple quelqu'un qui se fait une fausse  
14 idée, qui a peur de quelque chose, ça peut porter  
15 à faire celà.

16 UNE VOIX DANS LE PUBLIC: Moi j'ai  
17 l'impression que monsieur vient de faire un parral-  
18 lèle entre la boisson et puis la drogue, mais  
19 disons que dans la boisson il y a certaines per-  
20 sonnes qui prennent un coup régulièrement, c'est  
21 à dire que le gars va prendre sa caisse de bière  
22 par semaine et puis il y a l'autre catégorie le  
23 gars qui est alcoolique.

24 Les parents aujourd'hui ils s'imagi-  
25 nent qu'un jeune qui va fumer de la mari il est  
26 intoxiqué et drogué.

27 C'est un peu le même parrallèle que  
28 monsieur faisait avec la boisson, une cigarette  
29 ne peut pas intoxiquer un jeune, mais si ça devient  
30 un abus là ça peut être dangereux, tout est dans le



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 progres et de passer de la mari au L.S.D. ainsi

3 de suite, le gars va devenir drogué, mais moi je

4 n'ai pas l'impression qu'un jeune quand il fume

5 une cigarette de mari est intoxiqué, c'est complète-  
6 ment ridicule.

7 UNE VOIX DANS LE PUBLIC: C'est un  
8 manque d'information pour les parents celà.

9 MONSIEUR J. PETER STEIN commissaire:  
10 C'est véhiculé par qui cette idée là par les  
11 parents ?

12 UNE VOIX DANS LE PUBLIC: Vous dites  
13 qu'il n'y a pas de contact entre les parents et  
14 puis les enfants, mais est-ce que vous avez pensé  
15 que ça pourrait aussi être les parents qui ne veu-  
16 lent pas comprendre leur enfant, qu'un jeune qui  
17 arrive chez lui et puis qu'il dit à sa mère, qui  
18 est franc et qui lui dit : " Maman hier soir j'ai  
19 fumé un joint de pot, " il y en a, disons qu'il  
20 n'y en a pas tellement, mais il y en a qui vont  
21 dire à un jeune : " Tu as fumé, tu es un drogué,  
22 quand un jeune se fait dire celà c'est complètement  
23 ridicule, c'est complètement ridicule dans le fond  
24 parce que le jeune a fait cette expérience de fumer,  
25 pareil comme nos parents eux autres quand ils  
26 étaient jeunes ils essayaient leur petite caisse  
27 de bière, nous autres on a droit aussi à une chance,  
28 je pense qu'on devrait nous donner une chance de  
29 faire une expérience parce qu'en fait c'est une  
30 expérience, parce que vous comprenez les jeunes qui





1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 sont dans cette situation là ce ne sont pas tous  
3 des jeunes qui sont drogués.

4 Je me rappelle une fois j'écoutais  
5 une émission à la télévision et puis on essayait  
6 de nous faire des peurs avec l'alcool, on parlait  
7 du foie de l'alcoolique et puis on disait que les  
8 enfants de l'alcoolique était moins beaux que les  
9 autres, c'est ridicule, moi je dis qu'un homme  
10 qui est beau et qui est marié avec une femme qui  
11 est laide a autant de chance d'avoir un enfant qui  
12 est laid qu'un alcoolique.

13 PROFESSEUR MARIE-ANDREE BERTRAND  
14 commissaire: Il y a deux petites choses que je  
15 voudrais non pas rectifier, mais ici il faut  
16 essayer d'être le plus juste que possible.

17 Quand un témoin vient déposer de-  
18 vant la commission ce qu'il dit c'est son oeuvre,  
19 il a le droit de le dire, c'est son opinion, ce  
20 n'est pas parce que ça a été dit que moi person-  
21 nellement en tant que Marie-Andrée Bertrand j'en-  
22 dosse tous les propos que monsieur Rouleau a dit.  
23 Monsieur Rouleau ce n'est pas la commission, c'est  
24 lui qui le dit et non la commission, monsieur Rou-  
25 leau vient parler à la commission, il discute de  
26 ces propos, ce n'est pas nous qui disons que la  
27 famille est séparée ou que les parents qui sont  
28 d'un bord, ou le père est absent que ça amène  
29 l'usage de la drogue, c'est l'opinion de monsieur  
30 Rouleau, opinion que nous respectons.



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 D'accord nous avons dans notre rap-  
3 port provisoire dit que nous pensions qu'il y avait  
4 usage de la marijuana qui était un usage récréatif.

5 Alors il ne faudrait pas nous dire  
6 à nous, essayer de nous convaincre que les usagers  
7 de la marijuana ne sont pas intoxiqués, on l'a  
8 écrit, on a dit qu'on pensait qu'il y avait un usage  
9 récréatif, il faudrait tout d'abord voir à lire le  
10 rapport d'accord.

11 UNE VOIX DANS LE PUBLIC: Je parle  
12 moi là au point de vue familial, disons qu'une  
13 jeune fille ou qu'un jeune garçon va trouver la  
14 clinique et puis qu'il vous dit: " Moi je veux me  
15 faire désintoxiquer parce que je suis intoxiqué, je  
16 ne veux pas que mes parents le sachent," et puis  
17 disons que ça arrive aux oreilles des parents, mais  
18 que les parents ont une révolte contre celà, qu'ils  
19 ne peuvent pas admettre que la jeune fille ou le  
20 jeune garçon soit intoxiqué, qu'est-ce que vous  
21 pensez que ça peut faire entre la fille et la mère  
22 si sa mère n'accepte pas ce fait, vous ne pensez  
23 pas que ça peut créer des conflits entre les en-  
24 fants et les parents, des disputes, quoiqu'ils  
25 peuvent le prendre sur les deux sens.

26 MONSIEUR JACQUES ROULEAU directeur  
27 général: Je crois comme je le soulignais et comme  
28 je l'ai répété plusieurs fois que pour bien des  
29 parents ils devraient peut être commencé à aller  
30 à l'école eux mêmes, si j'étais malin je dirais



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 qu'ils devraient commencer par se déniaiser parce  
3 que tout de même on est en mil neuf cent soixante  
4 dix (1970) et puis depuis quelques temps il y  
5 a des écoles du soir, des écoles pour adultes, je  
6 pense que ce serait peut être faire oeuvre utile  
7 pour ces parents, pour leur famille au moins d'aller  
8 se renseigner et de ne pas jouer à l'autruche comme  
9 la commission le mentionnait tantôt et d'être pré-  
10 sent dans une réunion comme celle-ci, de ne pas  
11 se cacher, d'être présent.

12 Je crois que le meilleur remède pour  
13 les parents c'est d'abord de prêcher par l'exemple,  
14 c'est silencieux, mais souvent des fois celà en-  
15 traîne.

16 Que la jeune fille vienne consulter  
17 moi je la félicite à deux mains, il faudrait tout  
18 de même y mettre beaucoup plus que celà.

19 J'imagine qu'il y aurait de l'édu-  
20 cation à faire de la part des parents et puis les  
21 enfants tiennent leur bout quand ils croient avoir  
22 raison, dans ce sens là la jeune fille a définiti-  
23 vement raison, celà fait qu'il faudrait qu'elle  
24 tienne son bout avec l'aide de la clinique par  
25 exemple, moi je dis qu'on devrait organiser une  
26 espèce de table ronde pour renseigner les parents,  
27 pour tâcher de rétablir le dialogue et puis de  
28 faire évoluer les parents qui sont en fait arriérés.

29 UNE VOIX DANS LE PUBLIC: Ce n'est  
30 pas tout à fait contre les parents, remarquez bien





1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 que la plupart des parents lorsque les enfants  
3 vont annoncer ça, ils vont avoir une réaction de  
4 colère ou de révolte, alors un enfant à partir de  
5 ce moment là il sait qu'ils ne veulent plus rien  
6 savoir qu'ils ne veulent plus rien entendre.

7 MONSIEUR JACQUES ROULEAU directeur  
8 général: De là à aller se cacher de façon perma-  
9 nente tout de même je ne crois pas, dans l'expé-  
10 rience il y a toujours un petit peu d'aventures,  
11 et on peut toujours tenter une expérience avec  
12 ses parents, ça sera une autre aventure probable-  
13 ment instructive pour les deux.

14 Dans toutes les situations je crois  
15 qu'il s'agit de tirer les meilleurs partis possi-  
16 bles.

17 PROFESSEUR MARIE-ANDREE BERTRAND  
18 commissaire: Une autre intervention, ensuite si  
19 vous voulez nous allons laisser souffler notre  
20 sténotypiste qui travaille vraiment très fort,  
21 et qui travaille toute seule aujourd'hui.

22 Nous allons passer disons trois  
23 interventions et prendre cinq ou six minutes pour  
24 nous lever nous étirer un peu avant d'entendre le  
25 témoignage du docteur Beaumont.

26 Disons les interventions de madame  
27 de monsieur et monsieur et madame aussi.

28 UNE VOIX DANS LE PUBLIC: Est-ce  
29 qu'il arrive peut-être que les jeunes et les pa-  
30 rents ne se comprennent pas, ça je suis un petit



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 peu d'accord avec eux autres, mais c'est un petit  
3 peu dur aussi pour nous autres quand des jeunes  
4 nous arrivent et puis ils nous disent: " Maman j'ai  
5 pris de la marijuana hier soir," il y a peut-être  
6 certaines personnes qui sur le moment vont avoir  
7 un moment de révolte...

8 UNE VOIX DANS LE PUBLIC: Ca nous  
9 choque.

10 UNE VOIX DANS LE PUBLIC: Oui parce  
11 qu'on s'imagine pas que ça peut arriver à nos  
12 enfants, nos enfants ne peuvent pas nous faire  
13 celà.

14 UNE VOIX DANS LE PUBLIC: Pourquoi  
15 est-ce que ça vous choque ?

16 UNE VOIX DANS LE PUBLIC: Parce que  
17 nous autres je ne sais pas peut-être que nous  
18 autres on n'a pas fait ça, que ça nous dépasse, dans  
19 notre temps ce n'était pas comme celà, disons qu'il  
20 ne faut pas dire dans notre temps celà est dé-  
21 fendu aujourd'hui, je pense que c'est un petit  
22 peu ça, mais par après le moment de colère passé,  
23 je pense qu'il y a moyen de s'entendre c'est sûr,  
24 mais sur le moment c'est certain que ça doit cho-  
25 quer.

26 PROFESSEUR MARIE-ANDREE BERTRAND  
27 commissaire: Monsieur là bas.

28 UNE VOIX DANS LE PUBLIC: Madame a  
29 dit la même chose que je voulais dire.

30 PROFESSEUR MARIE-ANDREE BERTRAND



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 commissaire: Monsieur.

3 UNE VOIX DANS LE PUBLIC: Bon ce  
4 serait pour préciser disons la nature de vos soins  
5 que vous donnez, est-ce que les personnes qui  
6 vont chez-vous, vont là dans le but de se faire  
7 désintoxiquer ou si ils vont là dans le but  
8 d'avoir une aide psychologique quelconque ?

9 MONSIEUR JACQUES ROULEAU directeur  
10 général: Je crois que dans la majeure partie des  
11 cas c'est pour les deux raisons. Car selon moi  
12 ça forme un tout, c'est tout de même une personne  
13 humaine à laquelle on a affaire.

14 UNE VOIX DANS LE PUBLIC: Tantôt  
15 vous disiez que vous étiez prêt à accorder de  
16 l'aide médicale, est-ce que vous avez les capa-  
17 cités de le faire du point de vue psychologique ?

18 MONSIEUR JACQUES ROULEAU directeur  
19 général: Disons que nous utilisons les ressources  
20 qu'on a mais qu'on souhaiterait qu'elles s'amélior-  
21 rent.

22 UNE VOIX DANS LE PUBLIC: Disons que  
23 vous avez un traumatisme quelconque, disons que  
24 la seule ressource la seule possibilité qui reste  
25 c'est vous autres, et puis que vous n'êtes pas  
26 capables d'accorder cette aide là, pensez vous  
27 que celà pourrait avoir une influence quelconque ?

28 MONSIEUR JACQUES ROULEAU directeur  
29 général: Je crois que les thérapeutes à la cli-  
30 nique sont tout de même assez évoluées pour ne pas





1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 fermer les portes à toutes les perspectives, et  
3 qu'ils sont assez intelligents pour tâcher si ils  
4 s'aperçoivent qu'il n'y a pas lieu ou pas possibi-  
5 lité dans les limites actuelles ici à la clinique  
6 de rendre ce service à ces gens, à ces types là,  
7 de les orienter ailleurs.

8 PROFESSEUR MARIE-ANDREE BERTRAND

9 commissaire: Je m'excuse je ne comprends pas. Vou-  
10 lez-vous dire qu'à la clinique qu'on mettrait  
11 disons des conditions telles que la personne ne  
12 pourrait pas se faire aider ?

13 MONSIEUR JACQUES ROULEAU directeur

14 général: Non c'est simplement déterminer la na-  
15 ture des soins, la compétence si vous voulez,  
16 disons la capacité réelle.

17 PROFESSEUR MARIE-ANDREE BERTRAND

18 commissaire: Quelle est votre opinion là dessus ?

19 UNE VOIX DANS LE PUBLIC: Je ne sais  
20 pas je n'y ai pas été encore.

21 PROFESSEUR MARIE-ANDREE BERTRAND

22 commissaire: Madame.

23 UNE VOIX DANS LE PUBLIC: Je voulais

24 simplement préciser une chose, c'est qu'un jeune  
25 au prise avec ces problèmes là, je crois qu'il  
26 serait très difficile pour le jeune de s'en sor-  
27 tir si les parents ne lui aident pas, il faut  
28 absolument que les parents lui viennent en aide,  
29 non pas qu'ils se choquent, peut-être qu'ils sont  
30 déçus d'apprendre que le jeune a pris de celà, mais



1 SOUMISSION DE MONSIEUR JACQUES ROULEAU.

2 je pense qu'il faut qu'ils restent quand même très  
3 calmes et puis qu'ils étudient la question avec le  
4 jeune tout comme l'alcoolisme d'ailleurs.

5 Un alcoolique ne peut pas sortir de  
6 sa maladie s'il n'a pas l'aide de sa famille au  
7 départ.

8 PROFESSEUR MARIE-ANDREE BERTRAND  
9 commissaire: Est-ce que l'usage d'une cigarette de  
10 marijuana est semblable, comparable à l'alcoolisme ?

11 UNE VOIX DANS LE PUBLIC: Peut-être.

12 PROFESSEUR MARIE-ANDREE BERTRAND  
13 commissaire: D'une cigarette ?

14 UNE VOIX DANS LE PUBLIC: Non mais  
15 je parlais de personnalité, ça dépend de la person-  
16 nalité des jeunes, je pense qu'il y a peut-être une  
17 question d'allergie dans celà, un jeune peut la  
18 tolérer, un autre ne la tolère pas.

19 Mais je ne dis pas que peut-être que  
20 la cigarette amènerait l'abus, non ça je ne le  
21 dirais pas.

22 PROFESSEUR MARIE-ANDREE BERTRAND  
23 commissaire: Alors on se donne sept minutes.

24 PROFESSEUR MARIE-ANDREE BERTRAND  
25 commissaire: Alors nous allons entendre un mémoire  
26 écrit ou oral enfin je ne sais pas trop du docteur  
27 Beaumont.

28 DOCTEUR BEAUMONT: Oral.

29 PROFESSEUR MARIE-ANDREE BERTRAND  
30 commissaire: Une présentation donc du docteur



1 SOUMISSION DU DOCTEUR BEAUMONT.

2 Beaumont qui est à l'hôpital général et à la  
3 clinique Domrémy.

4 Les règles du jeu sont les mêmes  
5 c'est-à-dire qu'après la présentation du docteur  
6 Beaumont, vous êtes tous invités à faire vos com-  
7 mentaires, à poser des questions qui sont très  
8 utiles pour mieux comprendre ce qui se passe dans  
9 un milieu et comment votre perception du problème  
10 rejoint ou ne rejoint pas la nôtre.

11 Alors, docteur Beaumont.

12 DOCTEUR BEAUMONT: Que nous soyons  
13 directeur, que nous soyons professeur, travailleur  
14 social, que nous soyons parent ou étudiant, je  
15 crois qu'il est temps de faire une mise au point  
16 face à la drogue et l'alcoolisme.

17 Il y a une certaine inquiétude qui  
18 existe présentement dans le continent nord améri-  
19 cain et je crois que les gens qui sont à mi-che-  
20 min entre les jeunes et la génération qui précède,  
21 je crois que ces gens-là sont placés dans un pos-  
22 te d'observation, lequel poste d'observation peut  
23 nous donner la chance d'observer plusieurs facet-  
24 tes du problème et je m'explique:

25 Nous remarquons en tant qu'observa-  
26 teur, en tant que médecin, nous remarquons une  
27 inquiétude de la part des parents que dans l'é-  
28 lément abusif du côté des jeunes; par conséquent  
29 il y a confrontation de deux (2) générations.

30 Cette confrontation se fait aussi





1 SOUMISSION DU DOCTEUR BEAUMONT.

2 bien sur le plan de l'alcoolisme que sur le  
3 plan de la drogue.

4 Nous allons essayer ensemble d'é-  
5 tablir un genre de parrallèle qui existe chez le  
6 drogué et chez l'alcoolique.

7 Parlons d'un alcoolique parce que  
8 nous avons tellement d'informations et de structures  
9 recueillies à cause de l'informatique et du trai-  
10 tement de l'alcoolique:

11 D'une façon générale nous nous apper-  
12 cevons que l'alcoolique est une personne qui a  
13 passé par la dépendance psychologique face à l'alcool,  
14 qui est la plus vieille drogue, que l'alcoolique a  
15 développé graduellement une toxicomanie après avoir  
16 passé par des éléments de curiosité et d'évasion.

17 Les motifs de son évasion sont mul-  
18 tiples : Il y a eu probablement la malchance de  
19 tomber dans l'évasion après s'être convaincu  
20 lui même des différents préjugés qui existaient  
21 vis à vis l'alcool.

22 Deuxièmement l'individu est probable-  
23 ment victime des différentes occasions ou de gestes  
24 répétées.

25 Conséquences: C'est qu'avec l'élé-  
26 ment l'évasion et différents facteurs, soit internes  
27 ou externes de l'alcoolisme nous développons ou nous  
28 considérons qu'un phénomène de dépendance physique  
29 s'installe.

30 Par conséquent au vingtième siècle...



1 SOUMISSION DU DOCTEUR BEAUMONT.

2 PROFESSEUR MARIE-ANDREE BERTRAND,  
3 commissaire: Je m'excuse tout simplement pour  
4 profiter de l'occasion, docteur Beaumont.

5 DOCTEUR BEAUMONT: Oui.

6 PROFESSEUR MARIE-ANDREE BERTRAND,  
7 commissaire: C'est n'importe quelle personne?

8 DOCTEUR BEAUMONT: N'importe quel-  
9 le personne.

10 Maintenant, lorsqu'on prend cet in-  
11 dividu et qu'on le place dans le contexte sociolo-  
12 gique moderne nous nous apercevons que l'alcool-  
13 que est un type qui est devenu marginal dans le  
14 sens qu'il n'est pas un malade mental, mais c'est  
15 un type qui a perdu sa combativité face au monde  
16 moderne, probablement à cause de changements de  
17 "patterns" familiaux.

18 Exemple: Un individu qui sort du  
19 milieu rural pour s'en aller dans un milieu ur-  
20 bain où il perd à ce moment-là le contact de ses  
21 amis pour tomber dans un agrégat social qui s'ap-  
22 pelle la collectivité moderne.

23 C'est un individu qui est au prise  
24 avec ses propres problèmes, il se voit lui-même  
25 dans un véritable miroir où il s'aperçoit qu'il  
26 a beaucoup de timidité, de gêne, pas tellement  
27 de compétence, pas tellement d'instruction, tous  
28 facteurs d'environnement qui peuvent lui permettre  
29 de continuer à rechercher l'évasion et continuer  
30 à développer une dépendance physique surtout.



1 SOUMISSION DU DOCTEUR BEAUMONT.

2 Parce que la dépendance psycholo-  
3 gique aura toujours été le facteur prédominant  
4 qu'il gardera toute sa vie d'alcoolique, parce que  
5 la dépendance psychologique est toujours asso-  
6 ciée à l'élément plaisir.

7 C'est pour celà que chez les al-  
8 cooliques on s'aperçoit que c'est bon de prendre  
9 un coup, c'est bon de prendre un coup pour  
10 telle chose, pour fêter l'anniversaire de quel-  
11 qu'un, l'achat d'une nouvelle voiture, le succès  
12 scolaire ou des fois de favoriser l'insuccès  
13 scolaire, de favoriser une promotion ou une dé-  
14 motion au point de vue du travail, et même à  
15 un âge plus avancé de s'évader d'un problème  
16 matrimonial, soit séparation ou remariage.

17 Par conséquent la vie d'un alcoo-  
18 lique au point de vue sociologique est une vie  
19 de quinze ans, ça prend quinze ans environ pour  
20 bâtir un alcoolique.

21 C'est extrêmement insidieux,  
22 sournois, mais on devient alcoolique, un véri-  
23 table alcoolique en quinze ans.

24 Si on considère le drogué, le dro-  
25 gué commence à manifester des symptômes de dé-  
26 pendance psychologique lorsqu'il veut satis-  
27 faire sa curiosité...

28 MONSIEUR J. PETER STEIN commissaire:  
29 Excusez-moi une question. Quand vous utilisez le  
30 mot drogué...





1 SOUMISSION DU DOCTEUR BEAUMONT.

2 DOCTEUR BEAUMONT: Je parle de  
3 drogué, d'un individu qui emploie les substances  
4 ou les drogues mineures, L.S.D. marijuana et hasch

5 MONSIEUR J. PETER STEIN commissaire:  
6 Sans une question du nombre de temps ou de la  
7 quantité ?

8 DOCTEUR BEAUMONT: Non en général.

9 PROFESSEUR MARIE-ANDREE BERTRAND  
10 commissaire: Pour vous tous les usagers sont des  
11 drogués ?

12 DOCTEUR BEAUMONT: C'est parce que  
13 dans le sens le plus large c'est un type qui  
14 emploie une drogue, alors c'est un drogué comprenez-  
15 vous ?

16 PROFESSEUR MARIE-ANDREE BERTRAND  
17 commissaire: Disons que ça ne rencontre pas l'ac-  
18 ceptation habituelle, mais si c'est votre défi-  
19 nition on peut la prendre comme celà ce matin.

20 DOCTEUR BEAUMONT: J'emploie mon  
21 terme de drogué pour une personne qui fait usage  
22 de la drogue, parce que dans l'ensemble il va  
23 venir un temps où il va avoir des problèmes avec  
24 la drogue.

25 UNE VOIX DANS LE PUBLIC: Monsieur  
26 Beaumont, le gars qui prend une bière c'est un  
27 alcoolique ?

28 DOCTEUR BEAUMONT: Bon d'accord on  
29 va changer mon terme. On va changer mon terme.

30 PROFESSEUR MARIE-ANDREE BERTRAND



1 SOUMISSION DU DOCTEUR BEAUMONT.

2 commissaire: D'accord.

3 DOCTEUR BEAUMONT: Disons que je  
4 vais dire un type qui fait usage de la drogue  
5 pour satisfaire les gens.

6 Alors le type qui fait usage de la  
7 drogue et si nous regardons sur la même base que  
8 le type qui fait usage de l'alcool et qui devient  
9 alcoolique, nous considérons l'élément curiosité  
10 en partant.

11 Et cette curiosité là assez souvent  
12 n'est pas motivée par des principes d'évasion.

13 Assez souvent l'usager de la drogue  
14 n'est pas un type qui veut s'évader des différents  
15 problèmes auxquels il a à faire face, mais la con-  
16 sommation répétée et la curiosité répétée fait que  
17 l'usager de la drogue s'aperçoit que c'est bien,  
18 que ça fait du bien d'employer de la drogue.

19 Lorsque l'individu est rendu à ce  
20 stage là nous pouvons commencer à parler de dé-  
21 pendance psychologique.

22 Quels sont les motifs pour les-  
23 quels l'individu qui fait usage de la drogue veut  
24 s'évader. Nous avons remarqué après avoir ques-  
25 tionné des jeunes qui font usage de la drogue que  
26 premièrement c'est une chose un peu curieuse,  
27 c'est une idée de grandeur: J'entends par idée  
28 de grandeur faire un peu comme les autres pour  
29 ne pas se montrer trop trop naïf ou niais.

30 Je crois que l'individu qui emploie



1 SOUMISSION DU DOCTEUR BEAUMONT.

2 de la drogue pour essayer de montrer aux autres  
3 sa personnalité, est un type qui faudrait qu'il  
4 fasse extrêmement attention à l'usage de la drogue  
5 parce qu'à ce moment là il se prouve à lui même  
6 qu'il n'est pas capable d'affronter les personnes  
7 telles qu'elles sont et de se présenter tel qu'il  
8 est, et c'est un phénomène qu'on rencontre assez  
9 souvent chez les jeunes.

10                   Après cette idée de grandeur nous  
11 nous apercevons que le geste est répété et répété  
12 lorsque les problèmes de vie familiale se manifes-  
13 tent entre autre un mauvais dialogue qui existe  
14 entre les parents et les jeunes; une recherche  
15 par conséquent du jeune à appartenir à un groupe  
16 à une communauté quelconque afin de pouvoir dis-  
17 cuter de ses problèmes.

18                   D'où le danger à ce moment là d'une  
19 contamination à l'intérieur même du groupe auquel  
20 il va appartenir, et je me suis aperçu qu'il y a  
21 des jeunes qui emploient de la drogue présentement  
22 qui ont été contaminés par ce facteur là.

23                   Autre idée qui est la suivante,  
24 c'est que l'usager de la drogue ne sait pas tel-  
25 lement ce qu'il emploie. Il emploie de la dro-  
26 gue à des doses que nous autres mêmes nous avons  
27 de la difficulté à apprécier, il emploie de la  
28 drogue pour essayer de rechercher une évasion,  
29 il est au prise avec des réactions soit halluci-  
30 nogènes ou soit stimulantes ou soit déprimantes





1 SOUMISSION DU DOCTEUR BEAUMONT.

2 ou que des fois il a de la difficulté à contrôler.

3 Par conséquent lorsqu'il est au prise  
4 avec des problèmes d'hallucinations, de stimulations  
5 ou de dépressions, il a recours à l'emploi de d'autres  
6 médicaments qui sont connus; entre autre des tran-  
7 quillisants ou des stimulants comme les amphétamines  
8 par exemple.

9 Par conséquent même si on dit que  
10 l'usager de la drogue est toujours au prise avec  
11 une dépendance psychologique il reste que quand  
12 même que pour se sortir des effets de la drogue,  
13 il emploie des médicaments ce que souvent nous ne  
14 rencontrons pas chez l'alcoolique à son début.

15 L'alccolique des fois celà prend  
16 quinze ans pour en faire un, pour devenir drogué  
17 en trois ans on peut le devenir facilement. On  
18 raccourcit par conséquent le stage ou l'évolution  
19 d'une maladie en très peu de temps.

20 UNE VOIX DANS LE PUBLIC: Est-ce  
21 que vous me permettez une question. Vous dites  
22 que ça prend quinze ans pour devenir alcoolique.

23 DOCTEUR BEAUMONT: D'après les  
24 statistiques que nous avons.

25 UNE VOIX DANS LE PUBLIC: Ca peut  
26 prendre trois ans pour devenir un drogué ?

27 DOCTEUR BEAUMONT: Oui.

28 UNE VOIX DANS LE PUBLIC: Alors  
29 est-ce que celà veut dire que la drogue est plus  
30 nocive que l'alcool d'après vous ?



1 SOUMISSION DU DOCTEUR BEAUMONT.

2 DOCTEUR BEAUMONT: C'est pour celà  
3 qu'il faut faire la distinction, si on prend de  
4 la drogue, si on prend la drogue en soi, par  
5 exemple la mari probablement que la mari si on  
6 connaissait tous les effets médicaux et l'usage  
7 médical de la drogue, malheureusement je ne con-  
8 nais pas tous les aspects de la mari, mais on con-  
9 nait assez souvent les effets et les motifs pour  
10 lesquels nous employons de la mari sous un aspect  
11 non médical, tandis que l'alcool nous connaissons  
12 quel est le pourcentage qui existe dans la bou-  
13 teille c'est ça qui est la différence.

14 UNE VOIX DANS LE PUBLIC: Si vous  
15 me permettez une autre question car ce qu'on nous  
16 a dit souvent qu'on pouvait devenir alcoolique  
17 en ne prenant qu'un verre tandis que il y en a  
18 d'autres qui peuvent boire toute leur vie et ne  
19 pas le devenir, est-ce qu'il n'y a pas une question  
20 d'allergie dans celà ?

21 DOCTEUR BEAUMONT: Non.

22 UNE VOIX DANS LE PUBLIC: Pas du  
23 tout ?

24 DOCTEUR BEAUMONT: Non.

25 UNE VOIX DANS LE PUBLIC: Ce n'est  
26 pas une question de personnalité non plus ?

27 DOCTEUR BEAUMONT: Oui oui. Mais  
28 il n'existe pas de personnalité d'alcoolisme que  
29 comme il n'existera pas de personnalité de drogué.

30 On peut avoir des troubles de



1 SOUMISSION DU DOCTEUR BEAUMONT:

2 personnalité affectés par l'alcool comme on peut  
3 avoir des troubles de personnalité affectés par  
4 la drogue mais il n'y a pas de pathologie, pas  
5 de personnalité pathologique.

6 UNE VOIX DANS LE PUBLIC: Vous ne  
7 savez pas encore si la drogue est plus nocive  
8 que l'alcool ?

9 DOCTEUR BEAUMONT: On fait des pos-  
10 tulats, on sait qu'un drogué, un type qui fait usa-  
11 ge et qui devient drogué, devient drogué plus ra-  
12 pidement que l'alcoolique.

13 UNE VOIX DANS LE PUBLIC: ça lui  
14 coûte moins cher.

15 DOCTEUR BEAUMONT: Je parlais du  
16 facteur âge mais non ça ne lui coûte pas moins  
17 cher parce que la drogue est extrêmement dis-  
18 pendieuse.

19 UNE VOIX DANS LE PUBLIC: En fait  
20 puisque vous savez que du côté psychologique  
21 qu'en partant disons c'est une question de curio-  
22 sité, vous dites que la curiosité non motivée,  
23 disons qu'un gars peut partir disons pour commen-  
24 cer à fumer un joint qu'il peut le faire parce  
25 qu'il n'est pas motivé parce qu'il n'a aucune  
26 raison.

27 DOCTEUR BEAUMONT: Au début c'est  
28 ce qui arrive disons qu'il n'y a pas de motivation,  
29 disons que la motivation arrive seulement quand  
30 il y a dépendance psychologique et puis après celà





1 SOUMISSION DU DOCTEUR BEAUMONT.

2 vous continuez, les constatations que vous faites  
3 vous font continuer et on arrive à l'effet chimi-  
4 que de la drogue.

5 UNE VOIX DANS LE PUBLIC: Ca voudrait  
6 donc dire que tout ce que vous savez c'est du côté  
7 psychologique des drogues.

8 DOCTEUR BEAUMONT: Disons donc que  
9 l'élément curiosité ne dure pas tellement tellement  
10 longtemps.

11 UNE VOIX DANS LE PUBLIC: Vous croyez  
12 que la curiosité n'est pas même une motivation.

13 DOCTEUR BEAUMONT: Une motivation ?

14 UNE VOIX DANS LE PUBLIC: En elle  
15 même ?

16 DOCTEUR BEAUMONT: Oui. Une motivation  
17 est motivée par d'autres choses et en fait là  
18 c'est la curiosité, il faudrait s'entendre sur  
19 l'élément curiosité, peut-être que la curiosité  
20 est une motivation en elle-même, je veux tout  
21 simplement dire qu'on a fait des constations qu'il  
22 y avait beaucoup de curiosité c'est tout ce que  
23 je peux dire.

24 UNE VOIX DANS LE PUBLIC: Avez-vous  
25 compris ma question ?

26 DOCTEUR BEAUMONT: Ce que je comprends  
27 c'est qu'à l'heure actuelle c'est le côté but, il  
28 y a toujours de la curiosité, et aussi faire comme  
29 les autres.

30 UNE VOIX DANS LE PUBLIC: Disons que



1 SOUMISSION DU DOCTEUR BEAUMONT.

2 vous comprenez plus le problème de l'alcool par-  
3 ce que disons enfin de compte les réactions de  
4 l'alcoolique, vous dites que les buts de l'alcoo-  
5 lique sont similaires en fin de compte à celui  
6 qui prend de la drogue, mais en fin de compte moi  
7 je pense que c'est une question de dépression et  
8 toute l'histoire mais disons étant donné que vous ne  
9 connaissez pas le problème, plutôt le côté prati-  
10 que psychologique de la drogue que vous devriez vous  
11 concentrer sur le problème des alcooliques.

12 DOCTEUR BEAUMONT: Pas nécessairement  
13 non parce qu'on retrouve un parallélisme impor-  
14 tant chez la personnalité de l'alcoolique et chez  
15 la personnalité de l'usager de la drogue.

16 PROFESSEUR MARIE-ANDREE BERTRAND  
17 commissaire: A ce moment là vous lui donnez raison,  
18 ce que vous dites lui donne raison. Vous dites  
19 que votre connaissance de la toxicomanie vous  
20 vient de la connaissance des alcooliques c'est ce  
21 que vous dites ?

22 DOCTEUR BEAUMONT: On peut essayer  
23 de l'appliquer chez l'usager de la drogue.

24 PROFESSEUR MARIE-ANDREE BERTRAND  
25 commissaire: Mais en fait pratiquement et concrè-  
26 tement dans l'intérêt de ce groupe docteur  
27 combien de toxicomanes non alcooliques avez-vous  
28 personnellement traités ?

29 DOCTEUR BEAUMONT: Au moins au moins  
30 en clinique j'en ai eu onze eux autres ont été



1 SOUMISSION DU DOCTEUR BEAUMONT.

2 suivis pendant vingt et un jours à un mois et  
3 demi.

4 PROFESSEUR MARIE-ANDREE BERTRAND  
5 commissaire: Personnellement traité.

6 DOCTEUR BEAUMONT: Maintenant en  
7 consultation privé au moins deux cents, deux cents  
8 sur une base d'un an.

9 PROFESSEUR MARIE-ANDREE BERTRAND  
10 commissaire: Est-ce qu'on s'entend sur le mot  
11 toxicomane ?

12 DOCTEUR BEAUMONT: Oui l'usager, le  
13 type qui fait usage de toxique.

14 PROFESSEUR MARIE-ANDREE BERTRAND  
15 commissaire: Ce n'est justement pas ce que je veux  
16 dire. Pour moi le toxicomane c'est une personne  
17 qui a une dépendance physiquement et psychologi-  
18 quement ou l'un ou l'autre de la drogue, c'est la  
19 définition du Larousse médical celà.

20 DOCTEUR BEAUMONT: Oui lorsqu'on  
21 parle, lorsque vous faites l'étude, d'ailleurs  
22 la commission est là pour faire l'étude sur les  
23 drogues mineures, il n'y a pas de dépendance  
24 physique alors la définition du Larousse au point  
25 de vue toxicomanie n'est pas la bonne.

26 PROFESSEUR MARIE-ANDREE BERTRAND  
27 commissaire: Est-ce que je peux répéter ma dé-  
28 finition ?

29 DOCTEUR BEAUMONT: Vous avez rajou-  
30 ter l'élément de dépendance physique et psychique.





1 SOUMISSION DU DOCTEUR BEAUMONT.

2 PROFESSEUR MARIE-ANDREE BERTRAND

3 commissaire: Mademoiselle est-ce que vous voulez  
4 répéter la question s'il vous plaît ?

5 LA STENOGRAPHE RELIT LA QUESTION " Pour moi le  
6 toxicomane est une personne qui a une dépendance  
7 physiquement et psychologiquement ou l'un ou l'autre  
8 de la drogue, c'est la définition du Larousse mé-  
9 dical ça."

10 DOCTEUR BEAUMONT: Ce n'est pas  
11 celle qui est donnée à l'OPTAT.

12 PROFESSEUR MARIE-ANDREE BERTRAND  
13 commissaire: Quelle serait-elle ?

14 DOCTEUR BEAUMONT: Parce que le  
15 toxicomane, la toxicomanie c'est la manie du toxi-  
16 que.

17 PROFESSEUR MAIRE-ANDREE BERTRAND  
18 commissaire: Qu'est-ce que vous entendez par manie ?

19 DOCTEUR BEAUMONT: C'est la manie  
20 du toxique. On entre pas la définition de dépen-  
21 dance physique ou psychologique parce que à ce  
22 moment là on n'est pas capable de parler des  
23 hallucinogènes.

24 PROFESSEUR MARIE ANDREE BERTRAND  
25 commissaire: Qu'est-ce que c'est pour vous une  
26 manie si ce n'est pas une dépendance ?

27 DOCTEUR BEAUMONT: Une manie ça  
28 peut être défini comme un besoin.

29 PROFESSEUR MARIE-ANDREE BERTRAND  
30 commissaire: Pour nous ce serait une dépendance



1 SOUMISSION DU DOCTEUR BEAUMONT.

2 un besoin ?

3 DOCTEUR BEAUMONT: Si vous arrivez  
4 ici et puis que vous parlez de toxicomanie, avec  
5 la définition que vous donnez vous autres à la  
6 commission Ledain, la commission Ledain fait fausse  
7 route parce qu'on n'est pas capable de parler  
8 d'hallucinogène par ce qu'il y a seulement une  
9 dépendance psychologique.

10 PROFESSEUR MARIE-ANDREE BERTRAND  
11 commissaire: J'ai parlé de dépendance physique et  
12 psychologique ou de l'une ou l'autre, vous avez  
13 entendu j'espère. Ou l'une ou l'autre on vous a  
14 répété la définition ou l'une ou l'autre.

15 DOCTEUR BEAUMONT: Oui.

16 PROFESSEUR MARIE-ANDREE BERTRAND  
17 commissaire: Combien avez-vous vu de toxicomanes  
18 et de quoi étaient-ils intoxiqués ?

19 DOCTEUR BEAUMONT: Ils étaient in-  
20 toxiqués surtout par le L.S.D., le S.T.P., les  
21 amphétamines.

22 PROFESSEUR MARIE-ANDREE BERTRAND  
23 commissaire: Est-ce qu'ils étaient intoxiqués  
24 ou que c'était des toxicomanes.

25 DOCTEUR BEAUMONT: Il y a toujours  
26 une phase d'intoxication chez le toxicomane.

27 PROFESSEUR MARIE-ANDREE BERTRAND  
28 commissaire: Mais est-ce qu'ils étaient tous  
29 intoxiqués, est-ce que tous les hommes en boisson  
30 sont des ivrognes, ça peut tout simplement être un



1 SOUMISSION DU DOCTEUR BEAUMONT.

2 un homme qui est ivre sans être un ivrogne, est-ce  
3 que tous les hommes en boisson sont des ivrognes ?

4 DOCTEUR BEAUMONT: Il faut définir  
5 l'ivresse.

6 PROFESSEUR MARIE-ANDREE BERTRAND  
7 commissaire: Est-ce que tous les gens en état  
8 d'ivresse sont des alcooliques ?

9 DOCTEUR BEAUMONT: Non.

10 PROFESSEUR MARIE-ANDREE BERTRAND  
11 commissaire: C'est mieux, ce que je vous dis  
12 est la même chose, je vous le répète depuis cinq  
13 minutes, est-ce que vous avez traité des intoxiqués  
14 ou des toxicomanes ?

15 DOCTEUR BEAUMONT: Des intoxiqués,  
16 des gens qui avaient une forte tendance à la toxi-  
17 comanie.

18 PROFESSEUR MARIE-ANDREE BERTRAND  
19 commissaire: Une tendance à quelle toxicomanie ?

20 DOCTEUR BEAUMONT: Une toxicomanie  
21 surtout au L.S.D., au S.T.P. et amphétamines.

22 PROFESSEUR MARIE-ANDREE BERTRAND  
23 commissaire: Quelle manie crée, quelle dépendance  
24 crée le L.S.D. ?

25 DOCTEUR BEAUMONT: Une dépendance  
26 psychologique.

27 PROFESSEUR MARIE-ANDREE BERTRAND  
28 COMMISSAIRE: Selon vous le S.L.D. crée des dépen-  
29 dances psychologiques ?

30 DOCTEUR BEAUMONT: Ah oui pas





1 SOUMISSION DU DOCTEUR BEAUMONT:

2 seulement selon moi, selon les auteurs que j'ai  
3 consultés.

4 PROFESSEUR MARIE-ANDREE BERTRAND

5 commissaire: Combien avez-vous de personnes qui  
6 étaient selon vous intoxiquées, peut-être toxico-  
7 manes, je vous laisse le choix de faire la phase  
8 que vous voulez au L.S.D. précisément.

9 DOCTEUR BEAUMONT: J'en ai vu une  
10 cinquantaine.

11 'PROFESSEUR MARIE-ANDREE BERTRAND  
12 commissaire: Qui sont venus vous voir comme patients.

13 DOCTEUR BEAUMONT: Oui ou encore  
14 en consultation privée.

15 PROFESSEUR MARIE-ANDREE BERTRAND  
16 commissaire: Ils étaient gravement intoxiqués  
17 ou légèrement intoxiqués.

18 DOCTEUR BEAUMONT: Il y en a qui  
19 était gravement intoxiqués d'autres légèrement  
20 intoxiqués.

21 PROFESSEUR MARIE-ANDREE BERTRAND  
22 commissaire: Et vous continuez de comparer leur  
23 état à celui des alcooliques ?

24 DOCTEUR BEAUMONT: Dans la façon de  
25 leur consommation oui.

26 PROFESSEUR MARIE-ANDREE BERTRAND  
27 commissaire: Est-ce qu'on pourrait vous demander  
28 d'expliquer là dessus ce que vous voulez dire  
29 par leur façon de consommation ?

30 DOCTEUR BEAUMONT: C'est lorsqu'on



1 SOUMISSION DU DOCTEUR BEAUMONT.  
2 réussi après un certain temps à convaincre l'usager  
3 de la drogue à écouter ce qu'on veut savoir par  
4 nos questions, ce qu'on veut savoir dans les motifs  
5 qui les poussent à prendre de la drogue, nous arri-  
6 vons à la conclusion qu'il y a un parrallélisme  
7 dans la personnalité.

8 PROFESSEUR MARIE-ANDREE BERTRAND  
9 commissaire: Dans la personnalité.

10 DOCTEUR BEAUMONT: Oui.

11 PROFESSEUR MARIE-ANDREE BERTRAND  
12 commissaire: Quand vous voyez un jeune, j'imagine,  
13 est-ce que vous avez vu des adultes intoxiqués au  
14 L.S.D. ?

15 DOCTEUR BEAUMONT: J'en ai vu quelques  
16 uns qui ont essayé par curiosité et c'était mélan-  
17 gé avec de la boisson. ça fait une espèce clini-  
18 que un petit peu spécial.

19 PROFESSEUR MARIE-ANDREE BERTRAND  
20 commissaire: Et vous pouvez juger de leur personna-  
21 lité au moment où ils viennent vous voir, personna-  
22 lité j'emploie le mot dans son sens complet, vous  
23 pouvez juger de leur personnalité, dire leur person-  
24 nalité ressemblante à celle de l'alcoolique parce  
25 qu'ils sont à ce moment là sous l'effet de la dro-  
26 gue.

27 DOCTEUR BEAUMONT: Pas au début lors-  
28 qu'ils sont intoxiqués, lorsque nous réussissons  
29 à discuter par le traitement soit sur une base de  
30 vingt et un jours par exemple ou d'une année. On



1 SOUMISSION DU DOCTEUR BEAUMONT.

2 s'aperçoit qu'il y a beaucoup d'éléments de res-  
3 semblance dans la personnalité et non au stage de  
4 l'intoxication aigue.

5 PROFESSEUR MARIE-ANDREE BERTRAND  
6 commissaire: Vous dites que vous avez suivi ces  
7 cas là ?

8 DOCTEUR BEAUMONT: Oui.

9 PROFESSEUR MARIE-ANDREE BERTRAND  
10 commissaire: Combien avez-vous suivi de cas ?

11 DOCTEUR BEAUMONT: Au moins une cin-  
12 quantaine.

13 PROFESSEUR MARIE-ANDREE BERTRAND  
14 commissaire: Vous en avez suivi une cinquantaine ?

15 DOCTEUR BEAUMONT: Oui.

16 PROFESSEUR MARIE-ANDREE BERTRAND  
17 commissaire: Depuis combien de temps et pendant  
18 combien de temps ?

19 DOCTEUR BEAUMONT: Depuis deux ans.

20 PROFESSEUR MARIE-ANDREE BERTRAND  
21 commissaire: Depuis deux ans et vous maintenez  
22 votre affirmation que la personnalité de ces jeunes  
23 ou de ces personnes ressemblent à ce que vous  
24 savez de la personnalité des alcooliques.

25 DOCTEUR BEAUMONT: C'est ça.

26 PROFESSEUR MARIE-ANDREE BERTRAND  
27 commissaire: Quelles seraient vos recommandations  
28 puisque vous avez l'air à trouver, vous nous dites  
29 que vous trouvez des ressemblances importantes  
30 entre l'alcoolisme et une drogue hallucinogène qui





1 SOUMISSION DU DOCTEUR BEAUMONT.

2 s'appelle le L.S.D., quelles seraient vos recom-  
3 mandations pour le traitement de ces cas ?

4 DOCTEUR BEAUMONT: D'abord première-  
5 ment comme approche j'éliminerais les facteurs  
6 de rébellion, les éléments contestataires, j'élimine-  
7 rais ensuite la permissibilité...

8 MONSIEUR J. PETER STEIN: Comment,  
9 comment l'élimineriez-vous ?

10 DOCTEUR BEAUMONT: En ne créant pas  
11 dans le dialogue d'élément disciplinaire type  
12 policier ou punitif.

13 PROFESSEUR MARIE-ANDREE BERTRAND  
14 commissaire: J' imagine qu'il s'agit d'un traitement  
15 en clinique ?

16 DOCTEUR BEAUMONT: Oui ou en consul-  
17 tation privée dans un bureau sans celà vous re-  
18 froidissez le contact qui existe entre l'individu  
19 et le thérapeute ce qui est très important.

20 Deuxièmement pour favoriser le  
21 traitement il faut essayer de donner plus de con-  
22 naissances possibles sur une base scientifique  
23 à ces gens là et leur montrer que tout n'est pas  
24 dit sur les manifestations chimiques de la drogue.

25 PROFESSEUR MARIE-ANDREE BERTRAND  
26 commissaire: Vous voules dire leur faire peur.

27 DOCTEUR BEAUMONT: Pas nécessaire-  
28 ment je crois d'ailleurs que c'est une très mau-  
29 vaise technique.

30 PROFESSEUR MARIE-ANDREE BERTRAND



1 SOUMISSION DU DOCTEUR BEAUMONT.

2 commissaire: Qu'est ce que ça ferait leur dire  
3 que tout n'est pas dit ?

4 DOCTEUR BEAUMONT: Je veux dire leur  
5 montrer que l'élément scientifique est basé sur des  
6 connaissances chimiques sur des expériences et  
7 des évaluations...

8 PROFESSEUR MARIE-ANDREE BERTRAND  
9 commissaire: Ce serait donc leur dire que tout  
10 est dit.

11 DOCTEUR BEAUMONT: Non non non.

12 PROFESSEUR MARIE-ANDREE BERTRAND  
13 commissaire: Qu'est ce qui reste à dire ?

14 DOCTEUR BEAUMONT: Leur montrer en-  
15 suite en continuant toujours le traitement qu'étant  
16 donné la non certitude de tout ce qui n'a pas été  
17 dit ou tout dit, qu'ils prennent une chance en em-  
18 ployant des consommations, des consommations non  
19 dosées et même dans ce qui est dosé, car qui  
20 peut dire le dosage de la mari, le dosage du L.S.D.  
21 le dosage du hasch, encore là ils ont à faire face  
22 à un danger.

23 PROFESSEUR MARIE-ANDREE BERTRAND  
24 commissaire: Vous avez parlé de la mari dans  
25 votre dernière phrase, est-ce que je dois com-  
26 prendre ici que vous dites, que vous avez aussi  
27 traité des intoxiqués à la mari est-ce que j'ai  
28 bien compris votre description.

29 DOCTEUR BEAUMONT: La véritable  
30 intoxication à la mari, mari seule ce n'est pas



1 SOUMISSION DU DOCTEUR BEAUMONT.

2 fréquent.

3 MONSIEUR J. PETER STEIN commissaire:

4 Pas du tout ou pas fréquent ?

5 DOCTEUR BEAUMONT: Ce n'est pas tel-  
6 lement fréquent.

7 PROFESSEUR MARIE-ANDREE BERTRAND

8 commissaire: Vous avez vu des cas d'intoxication  
9 à la mari au cannabis ?

10 DOCTEUR BEAUMONT: Oui mais ils n'ont  
11 pas l'aspect clinique, ils n'ont pas l'aspect  
12 clinique, des véritables intoxiqués.

13 PROFESSEUR MARIE-ANDREE BERTRAND

14 commissaire: Ils ont quel aspect ?

15 DOCTEUR BEAUMONT: Ils ont disons  
16 un aspect manifeste surtout par leur hallucination  
17 c'est tout ou leur état apathique, disons qu'il  
18 y en a moins de déprimés.

19 PROFESSEUR MARIE-ANDREE BERTRAND

20 commissaire: Moins de quoi.

21 DOCTEUR BEAUMONT: Moins de déprimés.

22 PROFESSEUR MARIE-ANDREE BERTRAND

23 commissaire: D'après vous les usagers intoxiqués  
24 au L.S.D. sont déprimés ?

25 DOCTEUR BEAUMONT: Pas nécessaire-  
26 ment.

27 PROFESSEUR MARIE-ANDREE BERTRAND

28 commissaire: Vous dites moins déprimés.

29 DOCTEUR BEAUMONT: Moins déprimés  
30 sur les types, chez les personnes qui sont sur la





1 SOUMISSION DU DOCTEUR BEAUMONT.

2 mari.

3 PROFESSEUR MARIE-ANDREE BERTRAND

4 commissaire: Mais moins déprimés que quoi ?

5 DOCTEUR BEAUMONT: Moins déprimés

6 que stimulés, parce qu'avec la mari nous avons

7 l'effet hallucinogène, l'effet dépressif et

8 l'élément stimulant, alors les usagers de la mari

9 ne savent jamais dans quelle catégorie la réaction

10 va se présenter.

11 UNE VOIX DANS LE PUBLIC: Tout sim-

12 plement une constatation. Disons qu'en général

13 disons que votre exposé des faits sur la base

14 vous établissiez un rapport drogues et boissons

15 simplement sur le rapport des similitudes entre

16 disons les réactions extérieures, entre disons

17 les réactions extérieures justement corporelles

18 ou sur une base purement d'une psychologie pri-

19 mitive, disons en fin de compte que vous vous

20 basez seulement pour déterminer ce rapport entre

21 la drogue et la boisson purement sur un aspect

22 extérieur et puis disons et je ne pense pas que

23 vous puissiez établir un certain rapport avec ça,

24 disons un rapport valable et positif.

25 DOCTEUR BEAUMONT: D'ailleurs

26 je ne suis pas pour déclarer d'une façon excatédrat

27 que le parrallélisme ne peut pas être détruit

28 mais il existe.

29 UNE VOIX DANS LE PUBLIC: Enfin

30 puisque la boisson et les drogues procurent disons



1 SOUMISSION DU DOCTEUR BEAUMONT.

2 les mêmes réactions physiques ou chimiques vous  
3 vous basez simplement là dessus, c'est purement de  
4 la psychologie primitive.

5 DOCTEUR BEAUMONT: C'est surtout  
6 l'aspect du comportement.

7 UNE VOIX DANS LE PUBLIC: Extérieur.

8 DOCTEUR BEAUMONT: C'est peut-être  
9 extérieur et lorsque vous discutez avec eux  
10 vous vous appercevez que les éléments sur lesquels  
11 on peut se baser, les émotions des gens, c'est plus  
12 qu'extérieur.

13 UNE VOIX DANS LE PUBLIC: C'est sim-  
14 plement une base.

15 DOCTEUR BEAUMONT: C'est une hypothèse  
16 de travail, mettons une hypothèse de travail.

17 PROFESSEUR MARIE-ANDREE BERTRAND  
18 commissaire: Est-ce qu'il y a d'autres questions.

19 Je voudrais demander une question,  
20 pas à vous en particulier parce que ça peut être  
21 délicat de s'identifier comme connaissant les  
22 effets d'une drogue, il n'est pas nécessaire que  
23 vous ayez vu celà sur vous, vous pouvez l'avoir  
24 vu sur des copains ou des copines, est-ce que  
25 vous avez vous autres dans la salle, les jeunes  
26 est-ce que vous avez l'impression qu'il y a des  
27 jeunes qui sont "high" avec la mari ça ressemble  
28 à des hommes ivres.

29 UNE VOIX DANS LE PUBLIC: Pas du  
30 tout, ce n'est pas pareil partout on ne peut pas



1 SOUMISSION DU DOCTEUR BEAUMONT.

2 dire qu'ils ont tous les mêmes réactions vis à  
3 vis des choses et les gens.

4 PROFESSEUR MARIE-ANDREE BERTRAND  
5 commissaire: En quoi c'est différent d'après-vous  
6 autres ?

7 UNE VOIX DANS LE PUBLIC: Une per-  
8 sonne quand elle va se saouler elle va être portée  
9 à faire des follies, mais une personne qui va  
10 prendre celà d'après moi va être portée plutôt  
11 à penser, ils vont aimer s'amuser d'accord mais  
12 ce n'est pas pareil, je ne peux pas définir celà  
13 comme un expert, mais je sais que ce n'est pas  
14 pareil, c'est visible, on voit que ce n'est pas  
15 pareil.

16 PROFESSEUR MARIE-ANDREE BERTRAND  
17 commissaire: Quels sont pour ceux qui ont entendu  
18 décrire l'expérience quels sont les effets  
19 le lendemain d'un party, d'un pot party, disons  
20 que vous avez entendu décrire celà un jour.

21 UNE VOIX DANS LE PUBLIC: On est  
22 plus tranquille et puis plus reposé.

23 PROFESSEUR MARIE-ANDREE BERTRAND  
24 commissaire: Est-ce que l'on est malade ?

25 UNE VOIX DANS LE PUBLIC: Non.

26 PROFESSEUR MARIE-ANDREE BERTRAND  
27 commissaire: Est-ce qu'on a mal à la tête ?

28 UNE VOIX DANS LE PUBLIC: Non mais  
29 on est sur les nerfs.

30 PROFESSEUR MARIE-ANDREE BERTRAND





1 SOUMISSION DU DOCTEUR BEAUMONT.

2 commissaire: Toi tu es tendu, je m'excuse il y  
3 a des gens qui sont tendus.

4 UNE VOIX DANS LE PUBLIC: Oui.

5 PROFESSEUR MARIE-ANDREE BERTRAND

6 commissaire: Il y a des gens qui sont tendus ?

7 UNE VOIX DANS LE PUBLIC: Oui.

8 MONSIEUR J. PETER STEIN commissaire:

9 Mais est-ce qu'il y a des pot party où on fait  
10 prendre juste des drogues sans l'alcool comme  
11 la bière par exemple.

12 UNE VOIX DANS LE PUBLIC: Il n'y a  
13 pas de party sans bière, c'est pas un party.

14 PROFESSEUR MARIE-ANDREE BERTRAND

15 commissaire: Ce n'est pas un party ?

16 UNE VOIX DANS LE PUBLIC: Non c'est  
17 plutôt du manger qu'il y aurait avec celà, ça  
18 donne la faim.

19 PROFESSEUR MARIE-ANDREE BERTRAND

20 commissaire: Il faut manger parce qu'à part celà  
21 ça donne la faim.

22 UNE VOIX DANS LE PUBLIC: Oui.

23 PROFESSEUR MARIE-ANDREE BERTRAND

24 commissaire: Comment est-ce que vous réagissez  
25 en général disons à l'hypothèse, à théorie peut  
26 être du docteur Beaumont à l'effet qu'il y a  
27 beaucoup de ressemblance entre la personnalité  
28 de l'alcoolique et la personnalité de l'utilisateur  
29 des drogues, des autres drogues parce que l'alcool  
30 c'est une drogue, est-ce que vous êtes d'accord



1 SOUMISSION DU DOCTEUR BEAUMONT.

2 avec celà.

3 UNE VOIX DANS LE PUBLIC: Non pan-  
4 toute.

5 PROFESSEUR MARIE-ANDREE BERTRAND  
6 commissaire: Vous n'êtes pas d'accord avec celà ?

7 UNE VOIX DANS LE PUBLIC: Non un dro-  
8 gué c'est supposé être pacifique, tandis que les  
9 gens qui vont prendre de la boisson vont se monter,  
10 ils vont chercher à se battre ou à se disputer.  
11 La drogue ça rend pacifique, un gars est tranquille,  
12 autrement dit ça rend un gars lâche. Il a pris  
13 son joint il s'est assis dans un coin et puis il  
14 ne veut rien savoir. Un autre drogué lui il va  
15 s'asseoir et puis il va écouter de la musique  
16 tandis qu'un gars chaud lui il va commencer à  
17 baver tout le monde, à se promener, moi je suis  
18 déjà entré dans un hôtel et puis j'ai vu des gars  
19 qui étaient chauds, pitcher des chaises tout ça.

20 UNE VOIX DANS LE PUBLIC: Je voudrais  
21 savoir et j'aimerais bien que les gens soient  
22 disons bien libres de me répondre, pourquoi ceux  
23 qui ont déjà vu des gens employer de la drogue,  
24 pourquoi employaient-ils de la drogue alors qu'ils  
25 pouvaient aussi bien prendre de l'alcool ?

26 UNE VOIX DANS LE PUBLIC: Parce que  
27 c'est plus le fun avec de la drogue, nous autres  
28 on n'est pas la génération pepsi.

29 UNE VOIX DANS LE PUBLIC: Moi je  
30 trouve que c'est plus drôle prendre du pot que de



1 SOUMISSION DU DOCTEUR BEAUMONT.

2 l'alcool.

3 UNE VOIX DANS LE PUBLIC: Qu'est-ce  
4 que c'est que du pot ?

5 PROFESSEUR MARIE-ANDREE BERTRAND  
6 commissaire: Madame voudrait savoir ce que vous  
7 entendez par le pot ?

8 UNE VOIX DANS LE PUBLIC: De la  
9 mari.

10 PROFESSEUR MARIE-ANDREE BERTRAND  
11 commissaire: Seulement de la mari ou si c'est un  
12 mélange ?

13 UNE VOIX DANS LE PUBLIC: Ce n'est  
14 pas mélangé.

15 UNE VOIX DANS LE PUBLIC: Ca me sur-  
16 prendrait bien gros que ce soit pas mélangé, je  
17 pense que tu serais surpris si tu savais ce qui  
18 rentre dans le pot, parce que du vrai pot je  
19 pense qu'il y a probablement personne ici qui en  
20 a pris parce que moi j'ai lu des livres et puis  
21 on dit que la marijuana ça ne peut pas porter  
22 à halluciner et tout ça, j'ai jamais entendu  
23 dire que quelqu'un qui avait fumer de la mari  
24 a halluciner soit qu'il ne soit pas normal ou  
25 bien...

26 DOCTEUR BEAUMONT: Je crois que  
27 quelqu'un dans l'audience ici qui a fait remar-  
28 quer que l'usager de l'alcool est synonyme d'élém-  
29 ent guerrier, c'est un fait que les études  
30 sociologiques qui ont été présentées à venir





1 SOUMISSION DU DOCTEUR BEAUMONT.

2 jusqu'à présent dans le continent nord américain  
3 que la consommation d'alcool veut dire élément  
4 guerrier alors que la consommation de drogue  
5 veut dire élément pacifique. Quand je parle  
6 de personnalité, c'est l'individu tel qu'il décide  
7 de se lancer pour s'évader dans l'alcool ou dans  
8 la drogue.

9                   Lorsqu'ils disent que les alcooliques  
10 lorsqu'ils ont pris ou les consommateurs d'alcool  
11 sont des gens qui deviennent un petit peu baveux,  
12 qu'ils veulent se battre, ça c'est lorsque le  
13 toxique est rendu dans l'individu.

14                   Je parlais de la personnalité de  
15 l'individu face au produit à consommer.

16                   UNE VOIX DANS LE PUBLIC: Moi quand  
17 j'avais quatorze ans et que je prenais trois ou  
18 quatre bouteilles de bière j'étais porté à me  
19 battre.

20                   DOCTEUR BEAUMONT: D'accord, justement  
21 alors il y a une différence à laquelle il faut faire  
22 attention, c'est entre l'individu qui est sobre,  
23 sobre au point de vue de l'alcool comme sobre  
24 au point de vue de la drogue, lorsqu'il a pris  
25 le toxique il va avoir un comportement différent  
26 ça d'accord, mais quand je parle de personnalité  
27 je parle de l'individu à jeun avant de prendre  
28 de la boisson ou de la drogue, de quelle façon  
29 il se comporte vis à vis son choix.

30                   UNE VOIX DANS LE PUBLIC: Moi je



1 SOUMISSION DU DOCTEUR BEAUMONT.  
2  
3 veux comprendre pourquoi vous dites que vous  
4 pouvez le juger là dessus, vous n'avez pas fait  
5 l'expérience, vous ne pouvez pas dire quelque  
6 chose là dessus vous ne connaissez rien là dedans  
7 Nous autres on a fait l'expérience on sait ce  
8 que ça donne. La boisson j'en ai pris, du hasch  
9 du pot j'en ai pris tout ce que vous voulez.

10 DOCTEUR BEAUMONT: Il n'est abso-  
11 lument pas nécessaire d'avoir la polio pour par-  
12 ler de la polio.

13 UNE VOIX DANS LE PUBLIC: Oui mais  
14 ça c'est seulement sur le point de vue physique.

15 DOCTEUR BEAUMONT: Ecoutez si  
16 vous êtes vraiment logique dans l'emploi de la  
17 drogue et puis que les symptômes que vous nous  
18 donnez, que la raison véritable vous nous la don-  
19 nez, on peut sortir de véritable portrait du  
20 drogué ou du consommateur.

21 MONSIEUR J. PETER STEIN commissaire:  
22 En somme vous avez dit tantôt que ce que vous  
23 disiez c'était en rapport avec ce que vous aviez  
24 entendu précédemment.

25 DOCTEUR BEAUMONT: C'est sur, c'est  
26 sur.

27 Enfin si vous êtes logique dans  
28 la description des effets et que vous nous parlez  
29 d'hallucination.

30 UNE VOIX DANS LE PUBLIC: Ecoutez  
c'est pas mal difficile de s'extasier devant une



1 SOUMISSION DU DOCTEUR BEAUMONT.

2 poubelle.

3 UNE VOIX DANS LE PUBLIC: Ce que  
4 je vais dire va peut être faire rire les jeunes,  
5 mais il a peut-être un petit peu raison le mon-  
6 sieur en arrière parce que c'est un peu une femme  
7 qui a un enfant, le médecin qui la soigne ou  
8 bien au mari on lui dit ce qu'on ressent il va  
9 nous dire ah oui ah oui, mais par exemple ils  
10 ne le savent pas parce qu'ils n'ont jamais  
11 eu d'enfant, mais quand on a vécu l'expérience  
12 et bien là c'est vrai on peut en jaser entre  
13 femmes et puis en parler, ça c'est vrai quand  
14 les jeunes disent qu'on n'a pas vécu cette chose  
15 là, qu'on n'a pas absorbé tout ça on ne peut  
16 certainement pas en parler aussi librement qu'eux  
17 ça c'est sûr.

18 UNE VOIX DANS LE PUBLIC: Il y a  
19 une grosse différence et que ça donne une bonne  
20 idée quand même, parce que quand les jeunes arri-  
21 vent et puis ils nous disent l'effet que ça leur  
22 fait, on se place à leur place on peut imaginer  
23 un peu ce que c'est, évidemment ce n'est pas  
24 comme si on l'avait vécu soi même.

25 PROFESSEUR MARIE-ANDREE BERTRAND  
26 commissaire: Il y a une différence entre compré-  
27 hension et puis réalisation, c'est à dire qu'on  
28 prend les effets et puis réaliser les effets il  
29 y a une grosse différence.

30 DOCTEUR BEAUMONT: C'est sûr que





1 SOUMISSION DU DOCTEUR BEAUMONT.

2 c'est beaucoup moins intensif de les comprendre  
3 que de les réaliser, mais je crois que la dedans  
4 il y a certains points qui ne sont pas corrects.

5 PROFESSEUR MARIE-ANDREE BERTRAND  
6 commissaire: Y-a-t-il d'autres questions?

7 Alors je vous remercie beaucoup  
8 docteur Beaumont et je ne sais pas si nous aurons  
9 le plaisir de vous avoir avec nous cet après-midi,  
10 nous avons un mémoire ou une présentation en tout  
11 cas de monsieur L'abbé Gaston Vachon et nous avons  
12 je pense monsieur Réjean Marier, je m'excuse ça  
13 c'est à huit clos.

14 De toute façon nous devons commen-  
15 cer l'après midi avec monsieur Vachon à deux heures  
16 et nous comptons sur vos discussions et vos inter-  
17 ventions.

18 Merci Docteur.

19  
20 -----

21  
22 SEANCE DE L'APRES-MIDI

23 PROFESSEUR MARIE-ANDREE BERTRAND  
24 commissaire: Est-ce que l'abbé Vachon est déjà  
25 rendu ?

26 UNE VOIX DANS LE PUBLIC: Il a té-  
27 léphoné apparemment qu'il s'en venait.

28 PROFESSEUR MARIE-ANDREE BERTRAND  
29 commissaire: Alors si vous me le permettez mesda-  
30 mes mesdemoiselles messieurs nous allons entendre



1 SOUMISSION DU DOCTEUR MARTEL.

2 le docteur Martel qui est avec nous maintenant  
3 et qui ne peut rester longtemps à notre rencontre.

4 Nous allons demander au docteur  
5 Martel de nous faire sa brève présentation qui  
6 sera suivie de vos remarques, de vos commentaires  
7 et de vos questions.

8 J'espère que la séance sera aussi  
9 active que ce matin.

10 Le docteur Martel comme vous le  
11 savez représente l'association des parents du  
12 collège de Hauterive.

13 Voulez-vous vous asseoir docteur,  
14 vous asseoir docteur vous serez peut-être plus  
15 à l'aise ?

16 DOCTEUR MARTEL: Mesdames mesdemoi-  
17 selles messieurs l'association des parents du  
18 collège de Hauterive regrette de ne pouvoir  
19 présenter un mémoire avec détails et études  
20 spécialisées.

21 L'an dernier nous avons fait au  
22 sein de notre association une étude pour venir  
23 en aide à nos enfants qui pouvaient être suscep-  
24 tible de devnir victime de la drogue.

25 Je veux vous présenter ici les  
26 grandes conclusions d'une analyse de nos activités  
27 dans ce domaine.

28 PROFESSEUR MARIE-ANDREE BERTRAND  
29 commissaire: Vous dites l'an dernier au cours de  
30 l'année académique ou au cours de l'an dernier ?



1 SOUMISSION DU DOCTEUR MARTEL.

2 DOCTEUR MARTEL: Au cours de l'an-  
3 née académique.

4 PROFESSEUR MARIE-ANDREE BERTRAND  
5 commissaire: Mil neuf cent soixante neuf, mil  
6 neuf cent soixante dix ?

7 DOCTEUR MARTEL: Oui.

8 Alors parmis ces grandes conclusions  
9 de l'association nous croyons que les parents et  
10 enfants doivent être renseignés sur le problème  
11 de la drogue.

12 Deuxièmement nous croyons que même  
13 si une génération a pu s'abrutir dans l'alcool  
14 ça ne veut pas dire qu'une autre génération doit  
15 retrouver quelque chose de plus en plus abrutissant  
16 pour elle même.

17 Troisièmement devant la possibilité  
18 de la légalisation du commerce de la marijuana  
19 ou de quelque autre drogue, les moins nocives, y-a-  
20 t-il hésitation chez nous à cause premièrement des  
21 dangers de propagation et de généralisation de  
22 l'usage de cette drogue.

23 Deuxièmement il y a le danger que  
24 l'usage de la marijuana ne soit qu'un premier pas  
25 dans l'utilisation de drogues plus dangereuses.

26 Il y a aussi danger du commerce clan-  
27 destin par lequel des produits vendus sans contrôle  
28 peuvent contenir sous les étiquettes d'une drogue  
29 plus ou moin dangereuse toutes sortes de choses  
30 sans compter les immondices dont il a été question





1 SOUMISSION DU DOCTEUR MARTEL.

2 dans quelques rapports et peuvent contenir des  
3 produits néfastes et créant une habitude physi-  
4 que, c'est pratiquement incontrôlable.

5 Quatrièmement enfin au sujet de la  
6 loi actuelle nous déplorons le fait que les victimes  
7 des drogues ou que les drogués soient traités of-  
8 ficiellement comme des criminels et que dans bien  
9 des cas les distributeurs, ceux qui profitent de  
10 la vente de ces drogues ne sont même pas inquiétés.

11 Donc la loi devrait donc faire des  
12 distinctions entre les profiteurs et les victimes

13 MONSIEUR J. PETER STEIN commissaire:  
14 Quelle distinction ?

15 DOCTEUR MARTEL: C'est à dire que si  
16 un enfant est arrêté parce qu'il a en sa posses-  
17 sion une drogue quelconque et il ne faut pas né-  
18 cessairement lui constituer un dossier criminel,  
19 il faudrait évidemment faire une distinction entre  
20 lui et les propagandistes et les vendeurs.

21 PROFESSEUR MARIE-ANDREE BERTRAND  
22 commissaire: Et les cadeaux entre les garçons,  
23 les cadeaux ou l'argent n'est pas la question.

24 DOCTEUR MARTEL: Bien c'est à dire  
25 qu'il faudrait trouver les responsables, ceux  
26 qui fournissent ces choses là pour créer de la  
27 clientèle, ce sont ceux là qui doivent être considéré  
28 comme des criminels et non pas les usagers qui  
29 sont en quelque sorte les victimes de ces profi-  
30 teurs.



1 SOUMISSION DU DOCTEUR MARTEL.

2 MONSIEUR J. PETER STEIN commissaire:

3 Oui je comprends.

4 PROFESSEUR MARIE-ANDREE BERTRAND

5 commissaire: En somme il y a quatre grandes recom-  
6 mendations...

7 Je vois qu'il y a beaucoup de gens  
8 en arrière si vous voulez il y a encore de la place  
9 sur le tapis ici si ce n'est pas trop inconfortable  
10 pour vous.

11 Donc vous dites que les parents et  
12 les enfants doivent être renseignés si j'ai bien  
13 compris c'est votre première recommandation.

14 DOCTEUR MARTEL: Oui.

15 PROFESSEUR MARIE-ANDREE BERTRAND

16 commissaire: Est-ce que vous avez pensé qui sont  
17 les personnes en qui on aurait le plus foi, qui  
18 sont les gens qui ont vraiment la confiance des  
19 jeunes et des adultes et qui seraient capable de  
20 faire de l'éducation, vous avez dû penser à celà ?

21 DOCTEUR MARTEL: Moi je pense que la  
22 jeunesse aujourd'hui est assez réaliste et que les  
23 gens qui pourraient le plus d'une façon la plus  
24 efficace donner ces renseignements sur la drogue  
25 ce sont des drogués qui sont parvenus à s'en sortir.

26 Parce qu'évidemment bien souvent  
27 les gens parlent de drogue, ils n'en connaissent  
28 absolument rien, il y a bien des jeunes qui en  
29 ont fait l'essai et quand leur parent en parle  
30 ils disent : " Mais qu'est-ce que vous en savez



1 SOUMISSION DU DOCTEUR MARTEL.

2 vous n'avez jamais fait usage de drogue."

3 Alors je pense qu'il faudrait peut  
4 être parmi ceux qui ont souffert de cette chose  
5 là et qui sont venus à bout de s'en sortir au moins  
6 temporairement, je pense que ce serait les gens  
7 les plus convaincants pour la jeunesse.

8 PROFESSEUR MARIE-ANDREE BERTRAND  
9 commissaire: Votre deuxième recommandation je  
10 pense est plutôt tâchons d'éviter d'avoir une  
11 autre source d'abrutissement, si on accepte que  
12 certaines drogues sont abrutissantes, je pense que  
13 celà est plutôt un commentaire.

14 Mais la troisième recommandation  
15 porte sur la nécessité peut-être d'ouvrir ou de  
16 rendre plus claire je pense la circulation de la  
17 drogue de façon à éviter le commerce clandestin  
18 est-ce que c'est ce que vous avez dit ?

19 DOCTEUR MARTEL: Devant les possi-  
20 bilités de légalisation du commerce de la marijuana  
21 ou de certaines drogues qui ne sont pas nécessaire-  
22 ment des drogues très dangereuses nous hésitons  
23 à nous prononcer sur l'opportunité de rendre ce  
24 commerce légal à cause de trois grands dangers.

25 Deux qui sont inhérents à la drogue  
26 elle même et un troisième qui est inhérent au  
27 commerce clandestin qui existe actuellement.

28 Nous craignons que si les adultes  
29 la même chose que les jeunes parce qu'il ne faut  
30 pas limiter celà aux adolescents, il y a des





1 SOUMISSION DU DOCTEUR MARTEL.

2 adultes qui s'adonnent à la drogue aussi, nous pen-  
3 sons que si on légalise le commerce de la marijuana  
4 par exemple, il me semble bien qu'il y aurait plus  
5 de fumeurs de marijuana et que ça pourrait se géné-  
6 raliser et que des gens qui auraient pu s'en  
7 échapper deviendront des adeptes de cette drogue.

8 D'un autre côté nous craignons que  
9 l'emploi d'une drogue même si celle ci n'est pas  
10 tellement dangereuse en soi, même si ça ne crée  
11 pas d'habitude physique comme certaines expériences  
12 certaines enquêtes qui ont été faites ailleurs l'ont  
13 démontré que l'usage d'une drogue peut être un pre-  
14 mier pas vers l'usage de d'autres drogues.

15 Par exemple ici j'ai le bulletin  
16 d'information de l'OPTAT, ici si on regarde on  
17 voit l'histoire d'un jeune américain qui dit avoir  
18 commencé par la marijuana et qui a fini par l'hé-  
19 roïne et puis il trouve absolument normal que cette  
20 progression se soit faite.

21 Alors nous pensons que c'est un danger  
22 assez important et qui puisse nous faire hésiter  
23 devant la possibilité de légaliser le commerce de  
24 la marijuana.

25 Enfin il y a le commerce clandestin  
26 qui existe.

27 PROFESSEUR MARIE-ANDREE BERTRAND  
28 commissaire: Est-ce que ça ne serait pas amoindri  
29 par le danger ?

30 DOCTEUR MARTEL: Evidemment il y a



1 SOUMISSION DU DOCTEUR MARTEL.

2 deux dangers à la légalisation du commerce et  
3 puis un avantage qui serait parce que il y a un  
4 danger habituellement qui existe et un très grand

5 On sait qu'il y a de la marijuana  
6 qui a été vendue qui contenait du fumier de che-  
7 val, des immondices évidemment ces choses là  
8 ne se produiraient pas si on pouvait avoir un  
9 contrôle scientifique du produit.

10 Mais par contre on sait aussi qu'il  
11 s'est vendu de la marijuana qui contenait de l'hé-  
12 roïne. Alors les vendeurs pour se créer une cli-  
13 entèle facilement font le sacrifice de mettre  
14 dans la marijuana d'autres drogues plus dispen-  
15 dieuses, plus dangereuses, ainsi le jeune qui  
16 consent librement à fumer de la marijuana de-  
17 vient adepte de drogues beaucoup plus dangereuses.

18 Alors c'est un danger important  
19 devant lequel nous hésitons.

20 Serait-il plus avantageux d'en-  
21 courir les deux autres dangers que de faire face  
22 à celui là si on ne peut le contrôler autrement.

23 PROFESSEUR MARIE-ANDREE BERTRAND  
24 commissaire: J'aurais deux questions à vous  
25 poser. Est-ce que je puis vous demander si  
26 vous avez vous même eu connaissance de drogue,  
27 je ne dis pas que vous ayez fait faire l'ana-  
28 lyse, mais avez-vous eu en main des rapports  
29 d'expertises affirmant, montrant que les ciga-  
30 rettes de marijuana, que la marijuana était conta-



1 SOUMISSION DU DOCTEUR MARTEL.

2 minée avec de l'héroïne ?

3 DOCTEUR MARTEL: J'ai lu des ar-  
4 ticles où on rapportait et où il y aurait eu des  
5 analyses de drogue obtenue sur le marché noir,  
6 et qu'on aurait trouvé dans certaines cigarettes  
7 du fumier de cheval dans certaines autres de l'hé-  
8 roïne et aussi des traces de d'autres drogues  
9 dont on ne pouvait pas préciser la nature.

10 PROFESSEUR MARIE-ANDREE BERTRAND  
11 commissaire: Est-ce qu'il serait possible de  
12 savoir à quelle source ces articles là ont puisé,  
13 est-ce qu'il s'agit de villes canadiennes, est-ce  
14 qu'il s'agit de villes américaines ?

15 DOCTEUR MARTEL: Ca s'est fait au  
16 Canada ici dans la province de Québec à Québec  
17 même.

18 PROFESSEUR MARIE-ANDREE BERTRAND  
19 commissaire: A Québec même.

20 DOCTEUR MARTEL: Oui.

21 PROFESSEUR MARIE-ANDREE BERTRAND  
22 commissaire: Est-ce que vous même vous avez l'oc-  
23 casion dans votre pratique ou à travers vos  
24 connaissances, je ne sais pas parmi les jeunes  
25 ou autrement, de penser que quelqu'un aurait pris  
26 de la marijuana avec effectivement et trompé sur  
27 le contenu de la drogue qu'il avait, et avait  
28 pris quelque chose de plus puissant ou quelque  
29 chose de tout à fait différent. Est-ce que vous  
30 avez eu l'occasion vous de voir celà ?





1 SOUMISSION DU DOCTEUR MARTEL.

2 DOCTEUR MARTEL: Oui j'ai rencon-  
3 tré des personnes qui ont assisté au fameux fes-  
4 tival pop de Manseau et je puis, ils m'ont dit:  
5 " Quand j'ai été là j'ai fumé de la marijuana, j'en  
6 connaissais les effets et j'en ai acheté là qui  
7 avait des effets absolument contraire."

8 Evidemment on n'avait pas la preuve  
9 scientifique que c'était autre chose, mais il était  
10 convaincu étant un habitué de la marijuana, il était  
11 convaincu qu'on leur avait refile autre chose.

12 UNE VOIX DANS LE PUBLIC: A Manseau  
13 il y a une affaire, il y avait tellement de monde  
14 tellement de vibrations, c'est fort possible que  
15 le trip ait été différent.

16 DOCTEUR MARTEL: C'est évident mais  
17 je pense qu'il faut dire que ceux qui vendent des  
18 drogues sur le marché noir ce ne sont pas des  
19 gens scrupuleux, je pense qu'il faut tout de même  
20 admettre que ce ne sont pas des scrupuleux et que  
21 si ces gens là pour de l'argent peuvent contourner  
22 certaines lois qui peuvent en contourner d'autres  
23 aussi.

24 PROFESSEUR MARIE-ANDREE BERTRAND  
25 commissaire: Cependant on est obligé pécuniaire-  
26 ment de réaliser que ce n'est pas à l'avantage  
27 d'aucun vendeur que de mettre de l'héroïne à la  
28 place de la mari, ça coûte infiniment plus cher.

29 DOCTEUR MARTEL: Ce serait dans le  
30 but de se créer une clientèle évidemment.



1 SOUMISSION DU DOCTEUR MARTEL.

2 PROFESSEUR MARIE-ANDREE BERTRAND  
3 commissaire: Ce serait un procédé bien hasardeux  
4 si vous voulez que de mettre un tout petit peu  
5 d'héroïne dans cent cigarettes que vous allez  
6 vendre à cent personnes différentes, allez-vous  
7 suivre ces cent personnes là pour vous assurez  
8 qu'ensuite elles ont besoin d'héroïne.

9 DOCTEUR MARTEL: Mais apparemment,  
10 moi mon expérience personnelle c'est que les gens  
11 à qui on vend des drogues sont assez bien suivis.

12 J'ai dans ma clientèle des jeunes  
13 à qui on a vendu des drogues simplement à titre  
14 d'expérience et on les a recontactés par la suite  
15 pour leur demander qu'est-ce qu'ils en pensaient,  
16 leur demander si ils en voulaient d'autres, si  
17 ils voulaient essayer d'autres choses, j'ai eu  
18 dans ma clientèle des patients qui m'ont raconté  
19 ça.

20 PROFESSEUR MARIE-ANDREE BERTRAND  
21 commissaire: Selon il se fait une promotion  
22 au niveau de la drogue ?

23 DOCTEUR MARTEL: Oui et les promot-  
24 teurs ne sont souvent pas arrêtés, ils ne le sont  
25 pas alors que les victimes sont considérés comme  
26 des criminels.

27 PROFESSEUR MARIE-ANDREE BERTRAND  
28 commissaire: Ma seconde question porterait sur  
29 votre hypothèse sur votre affirmation, mettez-la  
30 comme vous voulez, à l'effet que la marijuana



1 SOUMISSION DU DOCTEUR MARTEL.

2 comme n'importe quelle drogue d'ailleurs peut  
3 conduire à des drogues plus fortes ?

4 DOCTEUR MARTEL: Oui.

5 PROFESSEUR MARIE-ANDREE BERTRAND  
6 commissaire: Vous nous citez à cet effet un exemple  
7 américain d'une personne qui a fait usage de  
8 drogues fortes ou dures, " hard drug " et qui dit  
9 avoir commencé par la marijuana.

10 Est-ce que vous trouvez que c'est une  
11 preuve convaincante ?

12 DOCTEUR MARTEL: Bien je pense que  
13 c'est une preuve convaincante au point de vue  
14 psychologique au point de vue psychiatrique. Il  
15 est évident que c'est assez personnel, évidemment  
16 moi je suis près à commencer par l'héroïne et si  
17 je calcule que les autres ne sont pas plus bêtes  
18 que moi parce que moi personnellement je serais  
19 effrayé j'hésiterais à commencer avec l'héroïne,  
20 mais par exemple je commencerais facilement proba-  
21 blement par une cigarette de marijuana.

22 Exactement comme j'ai commencé à  
23 fumer une cigarette et à prendre un verre de scotch  
24 un verre de gin. Evidemment je n'ai pas commencé  
25 tout d'un coup, évidemment qu'à force de répéter  
26 le geste on devient plus vulnérable. A moins  
27 que les gens qui m'entourent soient complètement  
28 différents de moi, même par introspection person-  
29 nelle je peux savoir qu'il est beaucoup plus fa-  
30 cile de commencer par une drogue que l'on sait





1 SOUMISSION DU DOCTEUR MARTEL.

2 ne pas être trop trop dangereuse pour en venir  
3 à d'autres plus fortes d'ailleurs.

4 D'ailleurs cette exemple que je  
5 vous donnais et qui est contenu dans l'information  
6 de l'OPTAT est celle d'un jeune homme qui était  
7 en huitième année, qui allait à l'école et qui nous  
8 a dit qu'il pouvait facilement s'en procurer à  
9 l'école que l'usage en était répandu, il avait  
10 pris de l'alcool et il disait que ses compagnons  
11 lui disaient: " Il n'y a rien comme les drogues,"  
12 ça commençait à se répandre dans le milieu, les  
13 compagnons plus âgés lui ont indiqué la marijuana  
14 ensuite il est passé au L.S.D. et puis aux amphé-  
15 tamines et puis finalement à l'héroïne. Et il dit  
16 " Je n'avais pas peur puisque je connaissais des  
17 types qui en avaient pris beaucoup plus que moi  
18 et qui avaient cessé ensuite."

19 C'était une des raisons principales  
20 qu'il poussait, c'est le rapport le témoignage  
21 qui a été rendu dans une enquête américaine par  
22 ce jeune homme de quinze ans.

23 PROFESSEUR MARIE-ANDREE BERTRAND  
24 commissaire: Vous disiez tout à l'heure que vous,  
25 et j'aimais beaucoup votre type de témoignage, vous  
26 disiez que même vous si vous commenciez à utili-  
27 ser de la drogue que vous ne commenceriez pas par  
28 l'héroïne

29 DOCTEUR MARTEL: D'accord.

30 PROFESSEUR MARIE-ANDREE BERIRAND



1 SOUMISSION DU DOCTEUR MARTEL.

2 commissaire: Est-ce que celà veut dire que la  
3 proposition inverse est vrai, c'est à dire est-  
4 ce que ça veut dire que si je fais usage quelques  
5 fois de marijuana que c'est toujours un début vers  
6 autre chose ?

7 DOCTEUR MARTEL: C'est à dire que  
8 c'est une porte ouverte et que c'est toujours plus  
9 facile pour quelque chose d'entrer par une porte  
10 qui est ouverte.

11 Parce qu'évidemment il y a toujours  
12 une certaine crainte, même pour l'alcool.

13 Je ne suis pas assez vieux pour ne  
14 pas me souvenir de la première fois que j'ai pris  
15 de l'alcool c'était un exploit à ce moment là,  
16 et puis c'était quelque chose, je me sentais virili-  
17 sé après celà.

18 MONSIEUR J. PETER STEIN commissaire:  
19 J'ai une question un petit peu différente.

20 Ici à Haute-Rive ou à Baie-Comeau,  
21 est-ce qu'il y a beaucoup d'adultes qui prennent  
22 les pilules comme les amphétamines, les barbitu-  
23 riques ou les tranquillisants?

24 DOCTEUR MARTEL: Ici comme partout  
25 dans le monde depuis quelques années, il s'en  
26 fait un usage incroyable.

27 PROFESSEUR MARIE-ANDREE BERTRAND,  
28 commissaire: Est-ce que c'est une porte ouverte  
29 aussi ça?

30 DOCTEUR MARTEL: Oui, d'accord.



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Evidemment, c'est tellement une porte ouverte que même l'usage de ces drogues sont des portes ouvertes parce qu'on connaît des morphinomanes qui ont commencé par un usage médical et que si l'usage s'en est prolongé un peu trop, ces gens se transforment en morphinomane.

J'ai rencontré, j'étais jeune médecin, des types qui m'arrivaient au bureau, des combattants de la guerre d'Espagne, un volontaire entre autre, un type qui avait combattu en Espagne et puis il m'a dit qu'il était morphinomane et qu'il en avait de besoin, qu'il en n'avait plus, qu'il avait une licence pour s'en procurer, mais des quantités décroissantes et puis ça ne lui suffisait plus.

Il était malade, il voulait que je lui procure de la morphine, il m'a dit qu'il avait acquis cette habitude-là en Espagne lors d'une fracture d'un membre, on l'avait laissé dans un hôpital sans aucun soin médical, le médecin passait une fois par mois et puis on lui donnait de la morphine pour le soulager de ses souffrances et cet usage médical est devenu chez lui une porte ouverte par où est entré l'habitude de la morphine.

Alors ça arrive qu'il y a des gens qui, pour des raisons médicales sont obligées de prendre des drogues pendant un peu trop longtemps et alors à leur sortie de l'hôpital recherchent ces





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drogues.

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Comment est-ce que vous réagissez  
ici dans cette salle à l'argument du docteur à  
l'effet que la mari c'est une porte ouverte sur  
autre chose?

UNE VOIX DANS LE PUBLIC: Il y a  
beaucoup de monde qui ont commencé avec le L.S.D.  
et qui sont retombés à la marijuana, il y a beau-  
coup de monde qui ont commencé par le L.S.D. parce  
qu'ils se disaient que la marijuana ce n'était  
pas une affaire tellement grosse et ils ont com-  
mencé par le L.S.D. et sont retombés à la mari-  
juana pour y rester.

UNE VOIX DANS LE PUBLIC: Moi, je  
suis d'accord que ça peut être une porte ouverte  
à d'autres drogues.

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Vous appuyez le témoignage du doc-  
teur.

Est-ce que vous avez des expérien-  
ces, disons, est-ce que vous avez vu des cas?

UNE VOIX DANS LE PUBLIC: Je n'ai  
pas vu des cas, mais comme le disait le docteur  
par exemple avec la cigarette et l'alcool, pour-  
quoi est-ce qu'on en est rendu à fumer tellement,  
je pense que si on a essayé la cigarette, ça peut  
être tout simplement par curiosité et on est res-  
té avec ça, je pense que si j'essayais de la mari-



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juana, que ce serait pour essayer, que j'irais peut-être ailleurs, plus loin.

UNE VOIX DANS LE PUBLIC: Avec la légalisation de la marijuana, vous ne pensez pas qu'il y aurait moins de possibilités de trouver de l'opium ou d'autres choses dans la mari?

DOCTEUR MARTEL: Oui, d'accord pour ça. L'Association des Parents, évidemment, c'est leur opinion, ce n'est pas mon opinion personnelle que je donne à cent pour cent (100%), je donne l'opinion qui a été émise à la suite des discussions à l'Association des Parents, c'est pour ça qu'on hésite, il y a un danger réel, c'est que le marché clandestin fasse des morphinomanes malgré eux de certains jeunes ou d'adultes ou même de personnes d'un certain âge, qu'on en fasse des morphinomanes malgré eux. C'est un danger actuel.

Le danger de la légalisation du commerce, parce qu'évidemment je serais contre la légalisation de l'héroïne ou de la morphine ou de toutes les drogues qui créent des habitudes physiques.

Mais je comprends qu'on pourrait légaliser le commerce de la marijuana qui peut-être n'est pas pire que l'alcool.

Mais là évidemment, il y a un danger, l'alcool existe déjà et puis je ne pense pas qu'on pourra la faire disparaître du marché. C'était déjà quelque chose qui existait depuis



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plusieurs années, même si on le désirait il ne serait pas possible de retirer l'alcool du marché, alors si on introduit une ou deux (2) ou trois (3) autres causes d'intoxication et bien, je pense qu'il y a un danger là aussi.

Et puis, c'est l'opinion d'ailleurs de l'Association que je représente ici aujourd'hui, c'est que nous hésitons devant ce danger de généralisation.

Il y a beaucoup de jeunes ou d'adultes qui n'en prendront jamais dans l'état actuel des choses et si c'est légalisé, si on pouvait en acheter à la Régie des Alcools, bien on se dirait: "Pourquoi ne pas essayer ça"? Ca pourrait être une cause de généralisation.

Et puis nous craignons dans ce cas-là que les gens qui ont des dispositions pour prendre de l'alcool, qu'ils prennent de la marijuana et qu'ensuite qu'ils se disent: "Pourquoi ne pas essayer autre chose".

UNE VOIX DANS LE PUBLIC: Moi je dis que ce n'est pas logique de dire que la marijuana conduit à la drogue.

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Ce n'est pas logique?

UNE VOIX DANS LE PUBLIC: Ca n'a pas de sens.

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Pourquoi dites-vous ça?





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UNE VOIX DANS LE PUBLIC: Quelqu'un qui veut prendre de l'acide, moi j'en ai pris et puis je fume de la marijuana, je me tiens tranquille et je n'ai pas l'intention d'en prendre d'autre.

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Vous avez, je n'ai pas tellement bien compris votre intervention, je m'excuse, vous avez fait usage de l'acide et vous êtes revenu à la mari?

UNE VOIX DANS LE PUBLIC: Je suis revenu à la mari.

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Vous êtes revenu à la mari?

UNE VOIX DANS LE PUBLIC: Oui, j'ai pas idée d'aller ailleurs. Mais ça n'a pas le même effet sur tout le monde.

UNE VOIX DANS LE PUBLIC: Je crois que je me dois d'appuyer l'opinion de monsieur Martel, disons que j'ai eu l'occasion à l'émission Madame est Servie de voir des drogués qui étaient interrogés, qui ont donné leurs opinions.

Comme il a dit, disons, que lui il est parti de la marijuana, disons des drogues moins fortes pour aller aux plus fortes, mais je pense d'ailleurs aussi que ça peut dépendre de chaque individu et puis ensuite disons qu'au niveau, du côté publicité aussi ça a certaines conséquences.

Il me semble que ça ne serait pas



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tellement difficile de savoir quels sont les chiffres, est-ce qu'ils ont augmenté, est-ce qu'ils n'ont pas augmenté? Quel est exactement le pourcentage de ceux qui se droguent, de ceux qui ont fumé une fois, deux (2) fois ou ceux qui en prennent continuellement.

UNE VOIX DANS LE PUBLIC: C'est comme je disais tantôt, si les gens pouvaient s'en procurer dans des Régies, là peut-être qu'ils diraient: "Pourquoi, si c'est pour l'essayer ou pour autre chose", mais il reste un fait, c'est que pour un jeune qui n'a pas vingt (20) ans, c'est plus facile d'avoir de la marijuana que d'avoir de la boisson.

DOCTEUR MARTEL: C'est évident, mais évidemment ce n'est pas à cause qu'à un moment donné, on pourrait réclamer ça enfin je ne sais pas, par exemple que mon arrière-grand-mère donnait de la parégorique aux bébés, c'était une drogue ça la parégorique, c'était de la peinture d'opium camphrée.

Alors, ce n'est pas une invention d'aujourd'hui, ça les drogues, ça existait, nos arrière-grand-mères en donnaient à leurs bébés par ignorance, si vous voulez, elles donnaient des drogues, entre autre la parégorique, les enfants étaient "stones", les nourrissons étaient "stones" pour la nuit et ça ne dérangeait personne.



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Ce n'est pas une invention de mil  
neuf cent cinquante (1950) la drogue.

UNE VOIX DANS LE PUBLIC: Est-ce  
que les parents savaient ce qu'ils donnaient à  
leurs bébés?

DOCTEUR MARTEL: Non, ça se faisait  
par ignorance.

UNE VOIX DANS LE PUBLIC: Est-ce  
qu'on pouvait avoir ça dans les pharmacies?

DOCTEUR MARTEL: A ce moment-là,  
on pouvait obtenir ça par prescription médicale,  
à ce moment-là c'était donné dans le but plus ou  
moins médical, mais disons que c'est un médicament  
qu'on peut donner pendant un certain temps, mais  
qu'il ne faut pas que ce soit donné longtemps.

UNE VOIX DANS LE PUBLIC: Monsieur,  
tantôt vous parliez que dans la mari, il y avait  
toutes sortes de choses: du fumier de cheval, de  
l'héroïne...

DOCTEUR MARTEL: Il ne faut pas me  
faire dire des choses que je n'ai pas dites, je  
vous ai expliqué qu'il est arrivé dans certains  
cas où on a fait des analyses, qu'on a trouvé  
ces choses-là.

UNE VOIX DANS LE PUBLIC: Est-ce  
que vous pensez que s'il y avait un contrôle médi-  
cal ou une Régie des Drogues, que ces choses-là  
arriveraient?

DOCTEUR MARTEL: C'est vraiment pour





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ça que l'Association des Parents n'a pu se prononcer à savoir, est-ce qu'on devrait être favorable à la légalisation du commerce ou non, parce qu'il y a des raisons pour et puis des raisons contre. Ca c'est une raison en faveur de la légalisation, c'est qu'on aurait des produits plus purs, mais si vous voulez vous enquérir de la variété des produits de la marijuana, c'est extraordinaire.

J'ai ici un article qui constate certaines choses qui se sont produites dans des régions où on fait plus ou moins usage de cannabis depuis trente-cinq (35) ans, et la marijuana ce n'est pas une drogue, c'est au moins une dizaine de drogues différentes.

Vous pouvez avoir des extraits de hachisch, de chanvre indien qui sont des drogues très puissantes et puis d'autres extraits parce qu'ils ont été recueilli à un moment différent de la croissance de la plante, qui sont des drogues très faibles.

Alors, même la marijuana ce n'est pas une drogue, c'est au moins une dizaine de drogues différentes, selon le moment où ça a été recueilli et dans quelles conditions ça a été cultivé. Ce n'est pas facile.

UNE VOIX DANS LE PUBLIC: Mais, est-ce...

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Je m'excuse, monsieur. Est-ce que



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je puis vous demander un tout petit service collectif. Il y a à peu près vingt-cinq (25) personnes qui n'ont pas de place dans cette salle, on nous a trouvé une autre salle en bas, tout ce qu'il faudrait, c'est le plus rapidement possible en apportant vos chaises, qu'on descende, parce qu'on voudrait continuer avec le docteur.

UNE VOIX DANS LE PUBLIC: Je m'excuse, mais on m'a dit que dans la salle d'où nous venons, qu'il y avait des cigarettes qui brûlaient par terre sur le tapis, on en a trouvé au moins trois (3) qui ont brûlé le tapis. On vous demanderait de faire attention et de ne pas éteindre vos cigarettes par terre ou de les laisser tomber par terre.

UNE VOIX DANS LE PUBLIC: Ici, il n'y a aucun cendrier.

UNE VOIX DANS LE PUBLIC: Je vais essayer de m'occuper d'avoir des cendriers.

Maintenant, on ne pourra pas avoir un cendrier pour chacun de vous, il s'agit tout simplement de faire attention, on ne vous parle pas de la cendre, mais on vous demande strictement de ne pas éteindre vos cigarettes sur le tapis.

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Alors merci à tous pour la diligente collaboration que vous voudrez bien nous donner.

Je vois qu'il y a beaucoup d'autres personnes qui sont arrivées, du moins qui n'étaient



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pas là ce matin.

Avant que le docteur Martel ne continue ou soit l'objet d'autres questions, j'aimerais répéter brièvement les termes de référence, les cadres de notre commission de façon à ce que vous sachiez ce qu'on est venu faire ici avec vous.

Nous sommes ici pour vous écouter.

La Commission a été créée il y a plus d'un an pour permettre au Gouvernement Fédéral de prendre la dimension d'un phénomène qui s'appelle l'usage de la drogue à des fins non médicales; la dimension du phénomène pour tâcher de trouver les sources de ce phénomène, les causes de ce phénomène, soit dans les conditions sociales, soit dans les conditions familiales, soit éventuellement dans l'organisation philosophique du pays, enfin que sais-je.

Ce que nous espérons faire avec vous, c'est un examen de la situation ici bien sûr, nous voudrions essayer de savoir ici à Baie Comeau et région ce que vous pensez du phénomène de la drogue, ce que vous souhaiteriez qu'on fasse à propos de ceux qui occasionnellement peut-être ont des expériences malheureuses avec les drogues, quelles sont les conditions sociales ici qui sont propices au fait de faire usage de la drogue à des fins non médicales.

Alors, nous avons besoin de votre





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aide pour cela et nous comptons sur vos interventions au cours de l'après-midi.

Ce sont vos scéances, ce sont vos scéances. Il y a des personnes qui acceptent comme le docteur Martel de témoigner plus officiellement, mais chacun de vous ici est un témoin qui a le droit d'être entendu et si vous ne nous faites pas bénéficier de vos opinions, il faudra tout simplement que vous vous en mordiez les pouces, si vos opinions n'apparaissent pas dans notre rapport, ce sera parce que vous n'aurez pas parlé.

Nous ne pouvons pas deviner ce que vous pensez.

Ce matin, nous avons fait une petite observation à l'effet qu'il y avait peu de parents présents à ces rencontres, il y en a quelques-uns de plus cet après-midi, je les remercie d'être venus.

Il faudrait aussi penser à la façon par laquelle on pourrait les rejoindre.

Dès que le bruit aura cessé, je vais vous céder la parole, docteur.

DOCTEUR MARTEL: Pour ce qui est de cette petite participation des parents, je dois vous dire que plusieurs parents auraient aimé participé à ces réunions, mais évidemment ils sont le gagne-pain des familles, le père de famille ne peut pas toujours laisser son emploi pour venir



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discuter même de choses importantes.

Alors le fait que les scéances aient lieu l'avant-midi et l'après-midi a paralysé plusieurs qui ne peuvent pas s'y rendre.

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Est-ce que c'est vraiment la grosse raison?

DOCTEUR MARTEL: C'est une raison que personnellement j'ai eu à expérimenter parce que j'ai eu de la difficulté à trouver un moment, j'ai dû sacrifier sur mon bureau, j'ai des gens qui m'attendent à mon bureau, qui ont des rendez-vous de pris depuis une semaine.

UNE VOIX DANS LE PUBLIC: Je crois aussi que c'est un peu le manque d'information, je pense que la publicité a manqué, ce n'était pas assez clair parce que nous-mêmes on s'est demandé si on devait venir, en tous cas qu'est-ce qu'on viendrait faire ici.

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Comment expliquez-vous que les jeunes ont compris eux autres qu'ils pouvaient venir?

UNE VOIX DANS LE PUBLIC: Je ne sais pas.

UNE VOIX DANS LE PUBLIC; Moi je crois que même pour une scéance durant la journée, ici ce sont presque tous des étudiants et il a fallu prendre du temps sur des cours, il a fallu manquer



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des cours pour venir ici.

Parce qu'on a des cours réguliers aujourd'hui et puis on est à peu près tous des étudiants, on a manqué des cours pour venir ici, moi j'aurais préféré que ce soit le soir, j'aurais pas eu besoin de manquer deux (2) cours, j'aurais pu venir ce matin aussi, mais je ne suis pas venu à cause de mes cours. Je pense qu'on aurait dû faire quelque chose le soir, peut-être qu'on aurait pu avoir plus de monde.

MONSIEUR J. PETER STEIN, commissaire: Vous savez dans d'autres endroits, on a siégé le samedi matin, des vendredis soirs, des jeudis soirs, des samedis après-midi et il y avait pas plus de parents.

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Et des dimanches en privé aussi.

UNE VOIX DANS LE PUBLIC: C'est tout à fait exact ce que madame a dit quant à la publicité parce que moi-même, on m'avait représenté à l'Association des Parents, c'est-à-dire qu'on m'avait demandé d'être ici comme observateur et j'ai pris votre annonce à la radio ce matin, puis j'avais envie de retourner parce que j'ai eu l'impression que c'était seulement pour ceux qui avaient vraiment quelque chose à dire et que comme observateur, on n'avait pas raison d'y être, j'avais envie de retourner.

PROFESSEUR MARIE-ANDREE BERTRAND,





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commissaire: Heureusement que vous n'êtes pas retourné.

UNE VOIX DANS LE PUBLIC: Docteur Martel, à la fin de vos recommandations, vous manifestez le désir, je pense, le voeu de votre association que les victimes de l'usage ou les victimes des "pushers", afin appelons-les comme vous voudrez, ne soient pas l'objet de sanctions pénales, est-ce que je vous ai bien compris?

DOCTEUR MARTEL: Bien c'est-à-dire, évidemment je pense que dans l'Association, les gens n'étaient pas pour la légalisation, mais tout de même nous regrettons que le simple fait pour un enfant d'être trouvé en possession de marijuana lui crée un dossier criminel.

C'est à quoi l'Association des Parents se refusent. Il faudrait qu'il y ait une différence de faite entre un "pusher" et un usager. L'usager peut n'être qu'une victime.

MONSIEUR J. PETER STEIN, commissaire- L'usager de toutes les drogues, de toutes les drogues ou seulement la mari?

DOCTEUR MARTEL: Toutes les drogues parce que bien souvent, il ne sait pas qu'est-ce qu'il fait, ne sait pas qu'il emploie une drogue puissante, une drogue qui lui crée un dossier criminel.

Alors, je pense que pour au moins une première offense, il ne devrait pas y avoir



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de dossier, mais qu'au contraire ça devrait être une occasion de l'instruire, de le renseigner sur la question et de lui dire: "Si on te reprends, là tu n'auras pas d'excuses, parce que tu es au courant".

MONSIEUR J. PETER STEIN, commissaire:  
L'héroïne aussi, par exemple?

DOCTEUR MARTEL: Même l'héroïne, si vous avez des enfants de douze (12) ans, et quand je dis douze (12) ans, ce n'est pas exagéré parce que j'ai ici le témoignage d'un enfant de douze (12) ans qui a été héroïnomane, si vous avez des enfants de douze (12) ans qui ont de l'héroïne en leur possession, ce n'est pas criminel, ça peut l'être, mais du moins pas nécessairement, il peut croire que c'est une autre drogue, il n'est probablement pas au courant exactement de ce qu'il fait.

Alors, à ce moment-là, s'il est arrêté, il devient un criminel, il a un dossier criminel parce qu'il est pris en possession d'héroïne, je pense que le criminel ce n'est pas celui-là, c'est celui qui a mis entre les mains de l'enfant cette drogue, parce que celui-là savait ce qu'il faisait.

UNE VOIX DANS LE PUBLIC: Mais aujourd'hui disons que si on prend l'utilisateur au niveau de la loi de la Justice, disons qu'on peut dire que c'est tout de même assez rare que quelqu'un se fait prendre avec de la drogue, disons



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qu'au niveau de la justice du moins, des policiers; les recherches qui sont entreprises, je crois, se font surtout au niveau des vendeurs, ils ne recherchent pas tellement les usagers, ils essaient d'aller à la source parce que les usagers présentement ce n'est pas dur d'en prendre, on peut en voir constamment, j'ai même eu l'occasion cette semaine d'en voir dans une place publique et puis plusieurs à part de ça, et comme quelqu'un le disait tantôt, si on regarde ça du point de vue de la drogue et de l'alcool, c'est beaucoup plus facile de se procurer de la mari présentement que de l'alcool.

Ca évidemment ça regarde un étudiant qui veut aller dans un hôtel, si un étudiant va aller dans les hôtels, si il se fait prendre, il va payer une amende tandis que s'il se fait prendre pour de la drogue par contre et bien souvent ils vont le relâcher sans rien lui faire, ils disent que c'est inutile.

DOCTEUR MARTEL: C'est pour ça que l'Association des Parents, nous nous déclarons contre le fait que la loi actuellement un criminel d'un type qui est pris en possession de drogue parce que d'un autre côté, il se fait une très grande tolérance de la part de tout le monde, c'est absurde, il y a une certaine tolérance de la part des policiers, mais par contre parfois il y en a qui sont pris.

Si vous avez un père de famille





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qui se dit qu'il pourrait peut-être trouver son enfant en possession de drogue, il se dit que ça n'a pas de bon sens de lui créer, à cause que c'est un usager de drogue, de le prendre et puis d'en faire un criminel, parce que s'il porte une plainte il aura un dossier criminel, tout ce qu'il peut faire présentement c'est de le faire arrêter, il ne peut absolument pas l'aider.

Alors c'est pour ça qu'il se fait une certaine tolérance qui est peut-être de mauvais aloi, qui ne rend peut-être pas service, mais pour éviter un plus grand mal, soit celui de créer des dossiers criminels à un type qui réellement n'est pas un criminel parce qu'il a actuellement en sa possession des drogues, c'est une infraction au criminel, alors celui qui est chargé d'appliquer la loi, le policier fait une certaine tolérance, il se dit qu'il faut remplacer la loi, que la loi est un petit peu trop sévère, et puis il n'applique pas la loi dans toute sa rigueur, il est capable de le faire et il le fait.

Alors, c'est pour ça que nous autres parents, on voudrait qu'officiellement, même si quelqu'un est pris en possession d'héroïne, qu'il ne devienne pas, même s'il est trouvé en possession d'héroïne, même s'il est trouvé coupable de possession d'héroïne, qu'il ne soit pas nécessairement, plutôt qu'on ne lui ouvre pas un dossier criminel



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nécessairement.

Il faut qu'il soit renseigné, qu'on le mette devant les faits et évidemment s'il récidive sachant ce qu'il fait, s'il récidive on pourrait peut-être le considérer comme un "pusher" et là il deviendrait un criminel.

Mais actuellement dans l'esprit de la loi, peut-être pas dans l'esprit, mais dans la lettre de la loi, celui qui est pris en possession d'héroïne est coupable d'un acte criminel et nous les parents, on s'oppose à ça, on ne voudrait pas que ce soit un criminel, évidemment s'il récidive sachant ce qu'il fait, s'il recommence il devient un criminel au sens de la loi.

Mais actuellement, la loi est trop stricte là-dessus, car le simple fait d'être en possession d'héroïne, c'est un acte criminel.

UNE VOIX DANS LE PUBLIC: Si vous aviez à changer la loi, vous la mettriez comment, en partant de quel âge et puis de quelle façon?

DOCTEUR MARTEL: Il n'y a pas d'âge, apparemment il n'y a pas d'âge où ça commence, il y en a qui peuvent commencer à soixante (60) ans, d'autres commencent à dix (10), douze (12) ans.

Alors, ce n'est pas une question d'âge, c'est une question de quelqu'un qui est pris en possession de ces choses-là, nous autres, nous pensons, les parents, nous considérons que ça ne devrait pas être un acte criminel.



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Evidemment, si vous avez un adulte au courant de ce qu'il fait, qu'il soit considéré comme criminel tout de suite, peut-être, mais s'il s'agit d'un jeune, pas nécessairement de dix (10) ans, peut-être de vingt (20), vingt-cinq (25) ans même, qui n'est pas au courant de ce qu'il fait exactement, qu'à une première offense qu'il soit renseigné complètement et puis s'il récidive, si on le reprend une deuxième fois, et bien là évidemment, peut-être qu'on pourrait considérer qu'il refuse de suivre la loi.

Mais le jeune qui est pris avec de l'héroïne dans ses poches, ça ne veut pas dire qu'il s'objecte, qu'il refuse la loi, évidemment c'est de la légèreté bien souvent, ça peut arriver à des jeunes et pas rienque de douze (12) ans.

UNE VOIX DANS LE PUBLIC: Je comprends que vous avez parlé d'héroïne, maintenant ce n'est pas le cas ici.

DOCTEUR MARTEL: Bien l'héroïne, c'est une drogue et à la façon dont j'ai compris ça, l'enquête se fait sur l'usage de la drogue.

UNE VOIX DANS LE PUBLIC: Vous parlez d'héroïne, il y a une grosse différence, c'est peut-être la drogue la pire, ici le problème n'est pas aussi avancé que ça, je pense que le monde a trop peur.

DOCTEUR MARTEL: Je pense que vous





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ne connaissez pas le problème aussi bien que moi,  
je peux vous dire que c'est pas mal avancé et  
qu'il y a des gens qui utilisent des drogues  
assez fortes.

UNE VOIX DANS LE PUBLIC: Moi, je  
ne pense pas disons qu'il y ait un garçon de  
quinze (15) ans ici qui ait de l'héroïne dans  
les mains.

DOCTEUR MARTEL: Ah! bien moi j'en  
ai vu.

UNE VOIX DANS LE PUBLIC: A Baie  
Comeau?

DOCTEUR MARTEL: Oui, à Haute-Rive.

UNE VOIX DANS LE PUBLIC: Ce n'est  
pas encore à ce stade-là.

DOCTEUR MARTEL: Oui, j'en ai vu  
qui en avait.

UNE VOIX DANS LE PUBLIC: Je vous  
crois, mais ça me paraît fort.

DOCTEUR MARTEL: Oui, évidemment  
il y a toujours un commencement, il y a dix (10)  
ans ici, si vous vouliez trouver de l'héroïne,  
vous deviez chercher et je me demande même si en  
cherchant j'aurais pu en trouver, tandis qu'au-  
jourd'hui, je peux en trouver sans chercher,  
c'est-à-dire qu'il y en a beaucoup plus qu'il y  
a dix (10) ans.

UNE VOIX DANS LE PUBLIC: Moi je  
pense que les gens ont peur des répercussions que



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ça peut avoir, je pense que les jeunes ont peur d'être encerclés, qu'ils ne pourraient pas s'échapper, je pense qu'ils ont peur de l'héroïne.

DOCTEUR MARTEL: Je suis d'accord avec vous, je donnais ça comme exemple, c'est la pire des drogues qui actuellement soient en usage, mais les parents, nous autres, on craint que si on permet à nos enfants de fumer de la marijuana que dans quelques années, ils se permettront de faire autre chose.

MONSIEUR J. PETER STEIN, commissaire:  
Il y a les deux (2) choses d'abord, dans les autres villes du Canada par exemple où j'habite en Colombie-Britannique que maintenant ce n'est pas une chose rare de trouver les jeunes qui utilisent toutes les drogues durs: héroïne et aussi d'autres choses.

DOCTEUR MARTEL: Si on fait des recommandations en fonction de la loi, on ne le fait pas pour Baie Comeau, on le fait pour le Canada.

MONSIEUR J. PETER STEIN, commissaire:  
Et l'autre chose est que le mandat de la Commission est de faire une enquête sur l'usage des drogues à des fins non médicales, toutes les drogues, on doit faire enquête sur les stimulants, les hallucinogènes, les sédatifs, les opiacés et toutes choses comme ça, c'est pour cette raison que ce n'est pas limité à la marijuana, et le point de



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vue du docteur Martel, pour nous, est très important, très pertinent.

Nous respectons bien la réaction des jeunes qui disent que ce n'est peut-être pas un problème aigu, que la position de l'héroïne actuellement à Baie Comeau, mais on respecte la perception du problème et on dit que peut-être dans quelques années, ça pourra éventuellement devenir un grand problème.

Moi, je pourrais évidemment identifier, pas nommer bien sûr, ce n'est pas ce que je veux dire, mais l'important quand même c'est que le point de vue du docteur Martel, c'est que la simple possession des drogues fait de quelqu'un un criminel parce qu'il a une substance sur lui, il peut être envoyé en prison, lui il dit que dans son association de parents, qu'il représente, qu'ils trouvent que c'est dommage que c'est malheureux de créer un casier judiciaire, peut-être qu'il ne sait même pas la nocivité de la substance qu'il a sur lui.

Je pense que c'est votre point de vue, docteur?

DOCTEUR MARTEL: Oui.

UNE VOIX DANS LE PUBLIC: Pensez-vous que quelqu'un peut dénoncer un autre en disant que ça peut lui rendre service?

DOCTEUR MARTEL: Il peut peut-être être sincère, peut-être qu'il peut lui rendre ser-





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vice que c'est moins pire d'être en prison que d'être pris avec un problème à vie.

UNE VOIX DANS LE PUBLIC: Vous pensez que c'est bon de le faire jeter en prison?

DOCTEUR MARTEL: C'est une question d'interprétation, quelqu'un peut-être sincère en faisant ce que vous dites, mais nécessairement la notion de sincérité c'est personnel, il peut l'être, peut-être qu'il ne l'est pas, il faudrait connaître la situation.

Mais moi je vous dis franchement que j'ai rencontré pas plusieurs, mais au moins un jeune qui a été pris à la première fois et puis qu'il me disait: "Je suis bien content d'avoir été pris, je n'ai pas eu de difficulté à me corriger, mais si je n'avais pas été pris aujourd'hui, je serais probablement mal pris avec la drogue".

UNE VOIX DANS LE PUBLIC: Mais s'il a quarante piastres (\$40) par mois pour dénoncer les gars.

DOCTEUR MARTEL: Les dénonciations payées, pour vendre les gens, je ne crois pas que ça ait raison de se faire, je ne suis pas en faveur de ça, seulement il peut arriver que quelqu'un dénonce un de ses amis pour lui rendre service, c'est possible.

UNE VOIX DANS LE PUBLIC: Vous trouvez que c'est lui rendre service que de lui donner un casier judiciaire et de l'envoyer en prison?



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DOCTEUR MARTEL: C'est pour ça que nous autres, on dit qu'il devrait dès la première offense ne pas avoir un casier judiciaire.

UNE VOIX DANS LE PUBLIC: Mais, monsieur ce n'est pas un service à rendre à un ami que de l'envoyer en prison, c'est plutôt le caler.

DOCTEUR MARTEL: Evidemment, c'est une question d'opinion, mais il peut arriver que quelqu'un le fasse sincèrement.

UNE VOIX DANS LE PUBLIC: Mais ce n'est certainement pas le cas de ceux qui le font pour l'argent?

DOCTEUR MARTEL: Je suis d'accord, si c'est pour les quarante piastres (\$40) là, évidemment, ce n'est pas sincère, mais il ne faut pas mettre tout le monde dans le même sac, il peut arriver que quelqu'un qui ait des problèmes avec la drogue, qu'un ami se dise: "Eh bien, je vais le dénoncer, ça va peut-être lui faire du mal sur le coup, mais je ne veux pas qu'il tombe, qu'il aille plus loin, ça ça peut arriver.

UNE VOIX DANS LE PUBLIC: Moi, j'ai entendu dire qu'il ne faut jamais faire confiance à personne. On prend notre stock, on ferme sa gueule et on va le prendre ailleurs.

DOCTEUR MARTEL: C'est un point de vue, mais si vous faites confiance à personne, il ne faudrait pas faire confiance à celui qui vous le vend.



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UNE VOIX DANS LE PUBLIC: Lui, on peut lui faire confiance.

DOCTEUR MARTEL: Vous lui faites confiance, si vous achetez de la drogue de quelqu'un, vous lui faites confiance, pensez-vous qu'il vous donne réellement la quantité pour laquelle vous payez, moi je vous dis que si vous ne faites confiance à personne, ne faites pas confiance à votre vendeur.

UNE VOIX DANS LE PUBLIC: A qui on va l'acheter?

DOCTEUR MARTEL: Ah!

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Remarquez que le docteur ne vous a pas suggéré d'en acheter.

Est-ce qu'il y a d'autres observations, d'autres questions qu'on aimerait poser au docteur Martel avant qu'il soit obligé de nous quitter.

UNE VOIX DANS LE PUBLIC: Moi, je voudrais, j'en ne suis pas un jeune, mais je vais demander pour mes jeunes à moi, pourquoi vous pensez que les jeunes s'adaptent à la drogue, s'adonnent à la drogue, est-ce que je pourrais vous poser cette question-là?

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Qu'est-ce que vous voulez dire par "s'adonnent"?

UNE VOIX DANS LE PUBLIC: Il y en a





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beaucoup, il me semble, qui prennent de la drogue, mais il doit y avoir des raisons.

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Vous trouvez vraiment qu'il y en a beaucoup?

UNE VOIX DANS LE PUBLIC: Oui.

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Est-ce qu'on vous l'a dit ou si c'est vous-même vous le savez?

UNE VOIX DANS LE PUBLIC: Bien il me semble que je rencontre les jeunes et qu'ils ont un comportement vraiment curieux, souvent on les voit quoi.

DOCTEUR MARTEL: Je pense qu'on peut trouver la raison si on se reporte en arrière, quant on était jeune, nous autres aussi on se demande pourquoi on a fait certaines petites bêtises dans notre jeunesse, les jeunes en font pour les mêmes raisons.

Dans l'enquête faite aux Etats-Unis, le jeune, une des raisons précises, quand il expliquait pourquoi il avait fait usage d'héroïne, c'est que chez les jeunes, la chose la plus importante est d'obtenir le respect de leurs compagnons, alors si quelqu'un dit: "Moi, j'en prends, toi t'en prends pas", c'est assez pour qu'il décide d'en prendre.

D'ailleurs, c'était pareil avec l'alcool.



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UNE VOIX DANS LE PUBLIC: Il en prend pour faire comme les autres?

DOCTEUR MARTEL: C'est-à-dire que ça provoque le jeune et puis il peut en prendre tout simplement pour ne pas avoir l'air plus naïfs que les autres.

D'ailleurs, je me souviens quand j'étais jeune, on allait voler des échalottes pas parce que j'en mangeais et puis que j'aimais ça, mais parce qu'on m'a dit: "T'As peur d'y aller" et bien "coudons" j'y suis allé. Et je pense que les jeunes vont après la mari comme nous autres on allait après les échalottes.

UNE VOIX DANS LE PUBLIC: Qu'est-ce qui se passe dans les hôpitaux si quelqu'un va dans un hôpital, est-ce qu'on va le traiter?

DOCTEUR MARTEL: Certainement, c'est-à-dire qu'aujourd'hui, de moins en moins dans les hôpitaux généraux on va le faire, mais on va le référer à un hôpital spécialisé dans ce genre de choses, par exemple l'hôpital Domremy qui n'est pas rien qu'un hôpital pour l'alcool, mais qui est aussi un centre de désintoxication, si quelqu'un prétend avoir de la drogue gratuitement à l'hôpital et bien là ils se trompent. Il va en être pour ses frais, mais seulement s'il est sincère, on va le traiter, on va lui en donner peut-être sur une période de DEUX (2) ou trois (3) semaines pour partir de la dose à laquelle



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il était pour l'entraîner, l'amener à une dose nulle après un certain temps.

UNE VOIX DANS LE PUBLIC: Pour qu'on admette un drogué à l'hôpital, il faut réellement qu'il soit drogué parce qu'autrement ils ne nous croiront pas?

DOCTEUR MARTEL: Si vous avez les signes, si vous avez les symptômes...

UNE VOIX DANS LE PUBLIC: Il faudrait vraiment avoir pris de l'héroïne ou quelque chose de très fort parce que je ne pense pas que juste avec un joint de mari qu'ils nous acceptent.

DOCTEUR MARTEL: Je ne suis pas prêt à dire que quelqu'un qui fume un joint de mari est un drogué, je ne suis pas prêt à dire ça.

Mais par contre, si vous êtes un habitué de la marijuana et puis que vous allez au centre Domremy et puis que vous leur dites: "Je suis un habitué de la marijuana, je veux me défaire de cette habitude-là".

UNE VOIX DANS LE PUBLIC: On ne peut pas dire que c'est un drogué.

DOCTEUR MARTEL: Non, peut-être pas au sens fort du mot, mais la marijuana c'est une drogue, seulement que ce n'est pas une drogue aussi puissante que l'héroïne, mais c'est une drogue, il ne faut pas se le cacher non plus.

UNE VOIX DANS LE PUBLIC: Savez-vous s'il y a des effets nocifs à la marijuana?





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DOCTEUR MARTEL: On ne peut pas s'avancer actuellement, mais je suis perplexe devant ce problème-là.

Il y a certainement des effets nocifs, mais ils varient selon, comme je vous ai dit, la marijuana c'est une dizaine de variétés de marijuana, et puis ça varie selon la personne et vis à vis l'efficacité de la drogue qu'il emploie, avec l'âge aussi, si on la conserve depuis un an, elle est moins puissante au début, alors il y a des effets nocifs qui ne sont pas les mêmes chez tous les hommes, exactement comme l'alcool.

Moi, je peux prendre de l'alcool aujourd'hui, en prendre demain, après-demain et puis être un mois sans en prendre, ça ne me force pas et puis j'ai des amis qui me disent: "Comment est-ce que tu fais, moi si j'ai le malheur d'y goûter, je ne suis plus capable d'arrêter".

C'est le même alcool, mais ce n'est pas le même homme.

Moi, je n'ai pas de difficulté, mais un autre va avoir de la difficulté, les alcooliques ce sont des gens qui ne sont pas capables de s'arrêter tandis que d'autres le peuvent.

Ca dépend aussi du contexte physiologique d'une personne pour qui ça devient un besoin physique, d'autres qui continuent à en prendre socialement tandis qu'il y en a d'autres qui vont finir par devenir des alcooliques après deux (2)



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ou trois (3) ans, alors qu'il y en a d'autres qui vont en prendre pendant toute leur vie et sans devenir des alcooliques, ça varie avec les personnes.

UNE VOIX DANS LE PUBLIC: Depuis quelques années, on a plus tellement de choses qui ont été écrites sur ces situations, on a eu des articles dans des magazines tels que le Times, Vie et Carrières pour les étudiants, toutes sortes d'autres magazines, certaines condamnent, d'autres sont pour certaines drogues, d'autres sont pour tous, d'autres condamnent toutes les drogues, est-ce que la population ne subit pas l'influence de ces magazines-là, parce que les parents en réalité vont lire seulement les magazines, les articles qui condamnent.

DOCTEUR MARTEL: Quand est-ce qu'on va lire quelque chose de vraiment objectif. Moi j'en lis des articles disons dans des revues médicales et scientifiques et puis ils ne peuvent pas se prononcer, dire que la marijuana est nocive à cent pour cent (100%), ils font des distinctions, ça dépend de la personne qui la prend et puis ça dépend de la quantité qui est prise, ça dépend de la qualité de la drogue, ce sont tous des facteurs qui entrent en considération.

UNE VOIX DANS LE PUBLIC: La meilleure qualité, c'est quoi? Qu'est-ce que ça fait?

DOCTEUR MARTEL: Je n'en ai pas pris



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ou fumé moi-même.

UNE VOIX DANS LE PUBLIC: Quelle  
sorte d'effets que ça fait?

DOCTEUR MARTEL: Prenez la cigaret-  
te, moi je fume depuis l'âge de quinze (15) ans  
et puis je voudrais bien arrêter, puis je ne  
suis pas capable.

UNE VOIX DANS LE PUBLIC: Quelqu'un  
qui s'injecte une dose d'héroïne, est-ce qu'il  
devient intoxiqué immédiatement?

DOCTEUR MARTEL: Ca ne prend pas  
de temps dans ce cas-là. Le docteur Boudreault  
l'a d'ailleurs constaté à Manseau, dans une nuit  
il y en a qui le sont devenus.

UNE VOIX DANS LE PUBLIC: Combien  
de temps est-ce qu'on peut fumer des joints pour  
être drogués, pour être intoxiqués, combien est-  
ce que ça prend de joints?

DOCTEUR MARTEL: Ca dépend des gens,  
avec l'alcool, il y en a qui peuvent faire des  
cirrhoses ou un hépatite à l'âge de trente (30)  
ans et puis il y en a d'autres qui boivent pen-  
dant vingt-cinq (25) ans et puis qui ne font ja-  
mais de cirrhose ou d'hépatite.

UNE VOIX DANS LE PUBLIC: Il y en a  
qui font des cancers de cigarettes?

DOCTEUR MARTEL: C'est vrai, il y  
a des gens qui font des cancers à cause de la ci-  
garette, d'autres qui n'en font pas. Ca dépend de





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la résistance de chacun, on ne peut pas trancher ça au couteau.

Alors comme vous ne savez pas quelle sera votre résistance envers la drogue, c'est pour ça que le plus prudent est de ne pas en prendre.

UNE VOIX DANS LE PUBLIC: Moi, j'en prends et je sais qu'est-ce que ça fait.

UNE VOIX DANS LE PUBLIC: L'héroïne, la morphine, la cocaïne, c'est très dangereux?

DOCTEUR MARTEL: Oui.

UNE VOIX DANS LE PUBLIC: Et l'alcool?

DOCTEUR MARTEL: C'est dangereux aussi.

UNE VOIX DANS LE PUBLIC: La bière, ce n'est pas trop pire?

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Monsieur, là-bas, ça fait un bout de temps que vous avez la main levée.

UNE VOIX DANS LE PUBLIC: Je voudrais faire une distinction.

Vous avez parlé tout à l'heure de la législation qui a rapport avec toutes les drogues, est-ce qu'on fait une différence entre les drogues au point de vue mettons pénal, la peine qu'un habitué de la drogue pourrait recevoir?

DOCTEUR MARTEL: Evidemment, je ne suis pas avocat, mais je sais que pour les drogues fortes, c'est un acte criminel, même le fait d'en avoir sur soi, ça devient un acte criminel. Je ne



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suis pas avocat, je ne pourrais pas vous dire quelles sont les différences qui sont faites.

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Nous avons développé ça d'une façon assez substantielle, je pense, dans notre rapport et je vous suggérerais vraiment de regarder ce chapitre, d'accord?

Si vous voulez une réponse courte et simple, c'est que les drogues hauts placées comme dit le docteur, font l'objet, étaient punissables comme un crime, mais nous avons fait des recommandations pour que l'offense de simple possession, de celui qui est trouvé en possession d'une drogue puisse être poursuivi sur déclaration sommaire de culpabilité qui est une offense moindre et que même la sanction puisse être remplacée par une amende, peut être remplacée, ce que nous recommandions, nous, c'était disons que de toute façon la simple possession ne soit plus puni comme un crime, que les trafics continuent de l'être.

A votre question, est-ce qu'il y a des distinctions entre les drogues? La loi canadienne actuelle met tous les opiacés dans la loi sur les stupéfiants, donc la mari à ce moment-là et le hachisch sont considérés comme des opiacés.

C'est une autre de nos recommandations que de changer cette classification parce qu'on a aucune preuve pharmacologique que la marijuana et le hachisch soient des drogues opiacées



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qui s'apparentent à l'héroïne, à la morphine, ça ne s'apparente pas dutout et ça c'est l'avis des experts du monde entier.

Nous avons suggéré de changer la classification, de mettre ça dans la loi des Ali-ments et Drogues où se trouvent déjà le L.S.D. et le trafic d'amphétamines parce que la possession des amphétamines n'est pas un déli.

Est-ce que ça répond à votre ques-tion?

UNE VOIX DANS LE PUBLIC: Oui.

C'est parce que moi je connais un de mes amis qui est passé en Cour ici à Baie Comeau et puis il avait du hachisch, de la marijuana et puis qu'il a "pogné" trois (3) ans de pénitencier.

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: C'est possible au terme de la loi actuelle et c'était particulièrement possible avant l'été dernier, ça se fait moins maintenant.

UNE VOIX DANS LE PUBLIC: Le gars est allé un mois à Domremy en attendant sa senten-ce, il a fait vingt et un (21) jours à Domremy pour se désintoxiquer, et puis après ça il s'est fait rentrer en prison pour trois (3) ans, trois (3) ans de pénitencier.

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Pour simple possession, il n'y avait pas de trafic là-dedans?

UNE VOIX DANS LE PUBLIC: Je ne sais





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pas s'il y avait du trafic.

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Parce qu'il peut tout de même entrer  
une notion de quantité là-dedans.

UNE VOIX DANS LE PUBLIC: Même s'il  
avait fait du trafic, le gars avait montré de la  
bonne volonté quand il était sorti de prison.

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Vous trouvez la sentence trop forte,  
c'est le sens de votre intervention?

UNE VOIX DANS LE PUBLIC: Il y en a  
d'autres qui sont passés récemment pour la même  
chose et puis ils ont "pogné" vingt piastres (\$20)  
d'amende sur chaque chef.

UNE VOIX DANS LE PUBLIC: Disons  
que moi je regarde le côté de Baie-Comeau et de  
Haute-Rive, je ne connais pas plus Baie Comeau  
qu'Haute-Rive, mais si on regarde la drogue du  
côté juridique, c'est bien beau et tout ça, mais  
je pense qu'avant d'étudier ce côté-là, il fau-  
drait étudier la possibilité de l'enrayer, par  
exemple disons si on pense au travail des organi-  
sations pour étudiants, on travaille tous ensem-  
ble et puis on s'attaque aux problèmes, disons  
que moi-même de la drogue je n'en ai jamais pris,  
mais on arrive à un moment donné, on voit par  
exemple que si on va chez un commerçant, disons  
un adulte et puis moi-même je ne suis pas un gars  
qui a les cheveux longs, je pense que je parais



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assez bien, même quand on les rencontre on voit qu'ils manquent de confiance, il y a un manque de confiance du côté de l'adulte vis à vis la jeunesse, ils ne donnent pas de responsabilités, l'adulte, les responsabilités que l'étudiant pourrait prendre préfère donner ça à quelqu'un de plus âgé, de plus expérimenté que de le donner au jeune, à l'étudiant.

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Je comprends mal, vous dites que les jeunes manquent de responsabilités?

UNE VOIX DANS LE PUBLIC: Il n'y a pas de responsabilités du côté des jeunes, ce qui manque c'est le manque de responsabilités, la motivation, présentement la drogue son plus fort niveau d'utilisation est chez les étudiants, chez les jeunes et qu'est-ce qu'ils font à l'école, ils ne sont pas motivés pour aller à l'école, tout ce qu'ils font pratiquement rien, ils n'ont aucune motivation.

L'adulte en général ne fait pas confiance à l'étudiant, j'en ai la preuve à chaque fois qu'on essaie d'organiser quelque chose, il faut se démener et tout essayer pour trouver des gens qui nous appuient, je fais partie du service des Etudiants et à chaque fois qu'on va voir un homme d'affaire, disons que moi à l'heure actuelle, je suis assez accepté à ce niveau-là, mais reste qu'il a fallu prouver qu'on était ca-



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pable de faire quelque chose, l'été passé on s'est réuni au moins douze (12) étudiants, quatorze (14) si je ne me trompe pas, on était capable de travailler, on l'a prouvé, prenez par exemple le conseil de ville à Haute-Rive, ils n'ont pas confiance en les étudiants, à cause de ce qui se produit la drogue et toutes ces choses-là, il n'y a aucune confiance et puis ça va, plus la confiance diminue.

Nous, on essaie de remonter cette confiance-là, je pense que si on se donnait tous la main parce que je suis à peu près certain que la majorité des jeunes sont prêts à participer à ça parce que les jeunes veulent travailler tout d'abord, mais par contre l'adulte pense que le jeune veut rester assis à rien faire, c'est faux cette opinion-là, il veut travailler, il veut avoir à participer, mais pour ça il faut réussir à convaincre l'adulte de donner des responsabilités aux jeunes.

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Est-ce que votre opinion peut se traduire par une proposition concrète?

UNE VOIX DANS LE PUBLIC: Disons que pour amener quelque chose qui pourrait régler un peu le problème, c'est pas le seul problème, mais disons que c'est une partie du problème, ça serait une participation de tous les gens, si on prend une petite ville comme ici à Baie Comeau et





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Haute-Rive avec une participation de tout le monde, il me semble qu'on serait capable d'enrayer les problèmes, peut-être pas au complet mais juste le fait de participation, le jeune ayant ses responsabilités, peut-être que ça aiderait.

DOCTEUR MARTEL: C'est pour ça que moi je vous disais que la personne qui aurait le plus de confiance pour faire l'éducation des jeunes c'est pas un vieux aux cheveux courts comme moi, mais un gars aux cheveux longs qui a pris de la drogue et qui a décidé d'abandonner parce qu'il a expérimenté et s'est rendu compte de ce qui s'en venait, un jeune qui n'ait pas peur de faire face à ceux qui encouragent la drogue, pas peur de leur faire face et qu'il soit capable de leur dire: "Je suis pas d'accord, parce que moi j'ai essayé et puis je suis contre".

Il y en a beaucoup qui sont contre, mais la majorité est silencieuse. Et cette majorité-là n'est pas composée seulement d'adultes, elle existe chez les jeunes, mais les jeunes qui n'osent pas le dire.

UNE VOIX DANS LE PUBLIC: Moi, j'ai essayé plusieurs drogues et puis je peux vous dire à peu près l'effet de chacune, mais on me fera jamais peur avec ça, ça je peux vous le dire.

UNE VOIX DANS LE PUBLIC: Moi, j'ai confiance que ce sont les jeunes qui peuvent avoir



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le plus d'influence sur les autres jeunes, et  
ça on pourra le voir quand ils cesseront d'avoir  
peur, d'agir, d'être gênés de ne pas être de l'a-  
vis des autres.

UNE VOIX DANS LE PUBLIC: J'aimerais  
aussi savoir de trois (3) ou quatre (4) qui ont  
pris de la drogue qu'ils nous disent ce qui les  
a poussés à prendre de la drogue.

UNE VOIX DANS LE PUBLIC: Moi, je  
ne sais pas j'en ai jamais pris.

UNE VOIX DANS LE PUBLIC: Moi, j'ai-  
merais bien qu'il y en ait un dans la "gang" qui se  
lève et qu'il le dise, qu'il dise ce qui pousse  
les jeunes à prendre de la drogue.

UNE VOIX DANS LE PUBLIC: La majori-  
té vous répondrait que c'est le "fun".

UNE VOIX DANS LE PUBLIC: Disons que  
la bière c'est le "fun" aussi.

UNE VOIX DANS LE PUBLIC: Et les  
autres diraient pour la majorité que c'est la  
curiosité.

UNE VOIX DANS LE PUBLIC: Moi je di-  
rais que si les jeunes sont poussés à prendre de  
la bière, ils seraient poussés d'après moi pour  
les mêmes motifs à prendre de la marijuana, il n'y  
a pas de différence.

UNE VOIX DANS LE PUBLIC: La premiè-  
re fois que j'ai pris quelque chose, j'étais pas  
mal "filling", j'ai trouvé ça pas trop mal, ensuite



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on m'a offert un "tab" d'acide et puis je l'ai pris, c'est là que j'ai commencé à prendre de la drogue, moi j'ai commencé par un "tab" d'acide.

UNE VOIX DANS LE PUBLIC: Je pense que dans la proposition de monsieur tout à l'heure, il y avait plus qu'une action des jeunes, pour les jeunes. A propos de la drogue, je pense, si je vous ai bien compris, vous disiez qu'il faudrait qu'on donne aux jeunes d'Haute-Rive et de Baie Comeau une motivation à vivre, à être heureux, si on leur permettait de s'engager dans quelque chose de créateur, dans l'organisation de la ville par exemple?

DOCTEUR MARTEL: Je peux vous dire en effet que j'ai été maire d'Haute-Rive pendant longtemps, je me souviens du premier mouvement des quinze - vingt-cinq (15-25), alors on leur a donné un local, on a dit: "vous allez le décorer vous-mêmes, vous allez vous en occuper", ce qu'on leur a offert comme local, c'était l'ancien bureau de poste, je le sais parce que j'étais maire à ce moment-là, quand ça a été décidé il y en a qui étaient contre, mais moi j'étais pour, j'ai dit: "Non, non, on va leur donner un local, et puis qu'ils l'organisent eux autres mêmes".

Ca a duré un an, un an et demi, c'était pour les loisirs, ceux qui voulaient organiser quelque chose, le local était disponible





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pour eux, mais la ville ne voulait pas s'en occuper, je pense qu'elle avait raison à ce point de vue-là, on ne voulait pas organiser et tout faire pour eux autres, à ce moment-là, ils auraient dits: "C'est encore une affaire de tapettes". Alors on les a laissés s'organiser eux autres mêmes, maison a collaboré à leur aider, mais à un moment donné ce qui est arrivé, c'est qu'il y a eu du vandalisme, ils ont peinturé les plafonds du local puis toutes sortes de choses, évidemment à ce moment-là, on n'a pas pu continuer et on a dû discontinuer ça.

UNE VOIX DANS LE PUBLIC: C'est un fait qu'à toutes les fois que vous avez donnés des locaux, c'est entendu qu'il va y avoir du vandalisme, c'est entendu qu'il va y avoir des drogues, présentement c'est le problème, mais vu que ça doit exister tout le temps, ce n'est pas une raison pour ne pas donner de locaux aux jeunes.

UNE VOIX DANS LE PUBLIC: Je m'excuse, mais on fournit des locaux actuellement, on essaie d'encourager les jeunes.

UNE VOIX DANS LE PUBLIC: Pas à n'importe quel jeune par exemple.

UNE VOIX DANS LE PUBLIC: J'aimerais spécifier disons quelque chose qu'on a dit tout à l'heure parce que les responsabilités, c'est rien qu'une question.



BAIE COMEAU

Le jeune aujourd'hui contrairement à l'adulte, il a vu le monde, il est évolué, ça a excessivement changé, qu'est-ce qu'ils ne peuvent pas comprendre?

A un moment donné, même moi avec mon travail d'organisation pour les jeunes, à un moment je parlais de ça avec ma mère et puis mon père, puis je leur disais on veut faire telle ou telle chose, on se propose de faire ça et puis ils me disaient: "C'est impossible, vous êtes dont bien rendus loin, ce n'est pas croyable que ce soit des jeunes qui peuvent faire ça". C'est comme si on jugeait qu'on était trop jeune pour le faire.

DOCTEUR MARTEL: Vous allez avoir exactement le même sentiment dans dix (10) ans, dans quinze (15) ans. Ca c'est quelque chose de naturel, ça s'est fait dans le temps de Cicéron, les vieux parlaient des jeunes de la même façon qu'aujourd'hui.

Je suis d'accord qu'il y ait beaucoup de changements là-dedans, moi quand je suis sorti du collège, j'ai lu Cicéron et puis La Vieillesse de Cicéron j'ai trouvé fort étrange qu'à ce moment-là, les vieux du temps de Cicéron, du temps de Notre-Seigneur, il y a deux mille (2,000) ans, que les vieux disaient la même chose que nous on dit des jeunes aujourd'hui.

Alors, il ne faut pas se surprendre



BAIE COMEAU

de ça, c'est la nature humaine.

Seulement, je pense qu'il y a eu une amélioration du côté des parents depuis quelques années.

UNE VOIX DANS LE PUBLIC: Je suis d'accord avec vous pour ça.

DOCTEUR MARTEL: Moi, personnellement j'ai eu connaissance comme maire à Haute-Rive des demandes qui ont été refusées, "net, fret, sec" comme on dit et puis que les jeunes sont revenus à la charge et qu'ils sont venus à bout d'obtenir à même le budget municipal qu'on fournisse des locaux aux jeunes et même à faire organiser leurs loisirs.

Mais je dois dire que moi ça je suis contre, on leur donne les facilités d'organiser leurs loisirs, mais qu'on les organise, non.

PROFESSEUR MARIE-ANDRÉE BERTRAND, commissaire: Il y a quelqu'un en arrière?

UNE VOIX DANS LE PUBLIC: Docteur, vous avez parlé tout à l'heure des étudiants qui consommaient de la drogue, il y a non seulement des étudiants qui consomment de la drogue, mais tous les jeunes consomment de la drogue, vous avez dit que le jeune serait influencé par celui qui prenait de la drogue, par exemple celui qui va en vendre, ça je ne le crois pas, mais c'est son affaire.

Maintenant, je trouve regrettable





BAIE COMEAU

qu'il n'y ait pas plus de parents que ça ici,  
c'est peut-être qu'il y a quelque chose qui les  
préoccupe plus que nous autres, parce que nous  
autres on est plus au courant qu'eux de ce phéno-  
mène étant donné que c'est nous qui le vivons.  
Il n'y a presque pas de parents ici, comment ça  
se fait qu'il n'y a pas moyen de les sensibiliser  
eux autres.

A ce moment-là, l'étudiant est  
plus facilement porté vers celui qui vend de la  
drogue parce qu'il le comprend tandis que les au-  
tres, les parents ils ne comprennent rien.

DOCTEUR MARTEL: Je vais vous don-  
ner un exemple, on discute à l'Association des  
Parents et puis il y a des parents qui nous di-  
sent: "Qu'est-ce que vous voulez qu'on leur  
réponde aux enfants? Vous, docteur, vous savez  
ce que c'est que les drogues, nous, qu'est-ce  
que vous voulez qu'on leur dise, on va peut-  
être leur dire des choses qui ne sont pas vraies  
et puis qu'on ne pourrait pas soutenir, mais on  
va tout de même être sincères en leur disant:  
"Touchez pas à la marijuana, c'est dangereux  
comme le diable", alors que ce n'est peut-être  
pas vrai, on ne le sait pas nous autres".

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Ils ne peuvent pas venir écouter,  
ils ne peuvent pas venir se renseigner comme le  
font les jeunes qui sont ici?



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UNE VOIX DANS LE PUBLIC: On devrait demander aux parents qui sont ici de lever la main, on pourrait voir combien il y en a.

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Regardez, il y en a encore plusieurs en arrière, il y en a pas beaucoup par rapport à toute la salle, mais enfin...

UNE VOIX DANS LE PUBLIC: C'est un manque de publicité, autrement il y en aurait eu plus que ça.

MARIE-ANDREE BERTRAND, commissaire: Madame a dit qu'elle croyait que s'il y avait eu plus de publicité, qu'il y en aurait d'autres qui se seraient présentés, mais nous avons fait ici la même publicité que partout ailleurs.

UNE VOIX DANS LE PUBLIC: C'est parce que les parents ont peur de connaître la vérité dans ce domaine-là, il faut l'admettre ça, il y a des parents qui ont peur que leurs enfants soient là-dedans ici, et qu'il y a des parents qui peut-être sont pas venus parce qu'ils ont peur de voir leurs enfants.

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire:

Docteur Martel, je vous remercie beaucoup, ça a été un témoignage important pour nous, vous nous avez beaucoup aidé. Merci d'être venu.

MONSIEUR J. PETER STEIN, commissaire:



BAIE COMEAU

Merci, docteur.

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Monsieur l'abbé Vachon doit nous  
rencontrer à d'autres égards à un autre moment,  
mais nous aurions voulu... Est-ce qu'on pour-  
rait avoir un petit peu de silence... Nous au-  
rions voulu, puisqu'il est directeur d'école,  
quand même dans une école assez importante ici,  
nous aurions voulu lui poser quelques questions.

Est-ce que vous consentiriez, mon-  
sieur Vachon, à vous lever et à vous approcher?

UNE VOIX DANS LE PUBLIC: Est-ce  
que vous avez les mêmes questions partout, est-  
ce que vous avez les mêmes questions, mettons  
sur le problème de la drogue, est-ce que c'est  
tout pareil, est-ce que ce sont toujours les  
mêmes questions qui vous sont posées?

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Les mêmes questions qui nous sont  
posées? Non.

Il y a des questions fondamentales  
ou des problèmes, disons, plus généraux qui re-  
viennent partout, mais chaque ville, chaque pro-  
vince bien sûr a sa physionomie particulière et  
c'est très différent.

UNE VOIX DANS LE PUBLIC: Qu'est-  
ce que vous pensez de Baie Comeau?

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Je dirais qu'il est peut-être un





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petit peu tôt pour le dire, mais jusqu'ici moi je trouve que nous avons entendu des jeunes et des adultes qui nous aident beaucoup à comprendre quel est le sentiment ici, le sentiment local à propos de ce phénomène et c'est très différent.

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Est-ce qu'on pourrait vous demander, monsieur Vachon, si d'après vous ici à Baie Comeau et à Haute-Rive, le phénomène qui s'appelle l'usage de la drogue à des fins non médicales c'est un phénomène qui atteint beaucoup de gens, d'après vous?

ABBE GASTON VACHON: D'après moi, je croirais plutôt que c'est un phénomène qui atteindrait un nombre relativement restreint de la population disons générale.

A ce moment-là, si on distingue parmi les adultes le nombre peut être beaucoup plus restreint que du côté des jeunes. Parmi les jeunes, si on entend par phénomène par exemple s'adonner à la drogue d'une façon intensive, là aussi ça doit être assez restreint, assez petit d'après ce qu'on me dit.

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Bon! Alors, qu'est-ce que c'est pour vous qu'une petite proportion de jeunes qui font usage de la drogue et quelles sont les drogues?

ABBE GASTON VACHON: Disons qu'en



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ce qui concerne la sorte de drogues que je ne me risquerais pas là-dedans pour discuter de quoi il s'agit, parce qu'au point de vue d'abord du vocabulaire technique aux gars, après avoir parcouru quelques pages du rapport avec toute cette fourmillère de mots nouveaux, après en avoir lu quelques pages, on devient tout mêlé et puis là j'ai commencé à aller chercher mon dictionnaire, ce que ça pouvait signifier d'abord et ensuite il faudrait un autre dictionnaire, une traduction du vocabulaire employé par les gens qui s'y connaissent pour enfin pouvoir comprendre ce que veut dire un "trip", une "pep pill", un "joint", enfin tout ce que vous voudrez. Je ne me risquerais pas dans la description des drogues qu'ils utilisent, mais le nombre relativement restreint, je dirais que ce serait environ douze pour cent (12%) d'une population, ce que je considère encore minime.

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Est-ce qu'on partage l'opinion de monsieur Vachon?

UNE VOIX DANS LE PUBLIC: Non, pas dutout.

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Pourquoi?

UNE VOIX DANS LE PUBLIC: C'est disons parce qu'on juge ça un petit peu d'après les gars qui ont les cheveux longs, mais on peut avoir



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un type qui est bien sympathique, un beau petit gars avec les cheveux coupés courts, bien correct, bien propre et souvent il en prend, moi-même, j'ai fait le saut, je n'aurais jamais cru que tel gars pouvait prendre de la drogue et puis il en prenait et ce n'était que trop vrai.

Ce qui veut dire que ce pourcentage-là augmente énormément parce que je pense là qu'ici qu'on juge seulement sur les apparences, ça douze pour cent (12%), c'est peut-être le pourcentage des gars qui ont les cheveux longs et tout ça, mais le pourcentage de ceux qui en prennent augmente joliment.

UNE VOIX DANS LE PUBLIC: Justement quant au pourcentage qu'on a mentionné tout à l'heure, vous allez peut-être trouver ça curieux, mais ici c'est réparti sur toute la population, le nombre de gens approximativement qui peuvent consommer de la drogue dans la région, je ne crois pas que ce soit seulement des jeunes, mais aussi des adultes, j'en connais un nombre assez impressionnant.

UNE VOIX DANS LE PUBLIC: Bien j'en connais plusieurs aussi.

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Est-ce que si vous avez quelques fois par ailleurs d'autres convictions, vous pouvez toujours les exprimer, vous avez le droit d'estimer, d'évaluer ce phénomène.





BAIE COMEAU

Est-ce que vous trouvez, il y a dans la région ici deux (2) choses qui, pour nous à la Commission, sont bien importantes, premièrement c'est de savoir s'il existe des services d'information et de consultation suffisants, ouverts disons vingt-quatre (24) heures par jour, discrets à la disposition des parents, à la disposition des jeunes et deuxièmement si par hypothèse certains jeunes ou certaines personnes moins jeunes ont des problèmes avec la drogue dans une occasion par exemple sont très anxieux, sont malades, est-ce que vous croyez qu'il y a ici dans la région les services voulus?

ABBE GASTON VACHON: Moi, je dirais qu'on n'a pas les services voulus ici.

D'abord au point de vue consultation, il n'y a aucun organisme ouvert ou enfin un endroit où les gens qui auraient besoin d'information, de renseignements, qui auraient besoin à l'occasion de certains médicaments, enfin je trouve qu'il n'y a pas assez de services appropriés.

Au sujet de l'information, il me semble qu'il y en a eu beaucoup de données par exemple dans différents journaux, dans différentes revues, jusqu'à quel point ça peut-être rejoint par les gens, je parle de revues scientifiques, ça j'en doute, moi je croirais actuellement qu'on devrait retrouver par exemple au niveau de l'école, actuellement on parle beaucoup au point de vue



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de l'éducation sexuelle et autres, on devrait avoir au moins autant d'information à l'intérieur d'une école sur la question de drogue, de la nocivité, des effets et enfin de la législation possible, je trouve que ça manque énormément actuellement.

UNE VOIX DANS LE PUBLIC: La plupart des gars qui ont écrit des livres là-dessus en ont jamais pris, ils ne peuvent pas parler de ça, il y a la moitié des gars qui ont écrit des livres là-dessus qui n'ont jamais pris de drogue.

UNE VOIX DANS LE PUBLIC: J'ai trouvé une chose, dans certaines revues qui parlent des drogues, ils disaient des amphétamines qu'est-ce que c'était, du L.S.D. qu'est-ce que c'était, du pot qu'est-ce que c'était, mais en fait quelqu'un qui en prend, quoi que ce soit, ils savent les ingrédients qui sont là-dedans que c'est pas mal fantaisiste, c'est des revues qui tentent de prouver certaines choses, mais ça n'apporte pas grand chose.

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Les informations qui sont comment?

UNE VOIX DANS LE PUBLIC: Des à peu près.

PROFESSEUR MARIE-ANDREE BERTRAND,  
commissaire: Est-ce que je peux vous demander sur quoi vous vous basez pour dire que ce sont des à peu près?



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UNE VOIX DANS LE PUBLIC: Parce que comparativement à d'autres revues, j'ai vu des revues qui traitaient du pourquoi psychologique que certaines personnes prenaient de la drogue, disons que ça il faut que quelqu'un qui en prend puisse transposer pour lui, ainsi de suite, tandis que des recettes de drogues là...

UNE VOIX DANS LE PUBLIC: Monsieur Vachon, si quelqu'un allait vous voir, vous, directeur, si quelqu'un allait vous voir et vous disait qu'il est drogué, qu'est-ce que vous feriez pour l'aider?

ABBE GASTON VACHON: Disons qu'en général, c'est une question qui peut être assez difficile, mais à laquelle on peut répondre difficilement, mais tout ce que je peux vous dire c'est qu'il y a des élèves qui se sont déjà présentés dans les mêmes circonstances et que j'ai aidé à l'occasion.

UNE VOIX DANS LE PUBLIC: Pourquoi est-ce qu'il y a un règlement à l'école qui dit que ceux qui prennent de la drogue qu'ils devaient prendre la porte?

ABBE GASTON VACHON: Disons que c'est pas mal en fonction de l'opinion qu'on a actuellement au sujet des drogues, il faut penser peut-être que ceux qui confectionnent les règlements des élèves à ce moment-ci ont une notion bien particulières d'après moi, en tous cas, de qu'est-





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ce que c'est que la drogue, ça apparaît comme quelque chose qui peut être très très dangereux, et puis tout d'abord il y en a beaucoup qui ne savent même pas ce que c'est, ils en ont peur à ce moment-là et puis ils nous disent: "Puisqu'il faut protéger absolument les jeunes contre ça, on l'a inscrit dans le règlement".

Que quelqu'un se présente personnellement et spontanément, il n'y a pas un directeur d'école qui mérite ce nom qui n'aidera pas quelqu'un à ce moment-là.

UNE VOIX DANS LE PUBLIC: Juste une autre petite question. Est-ce que vous seriez pour la légalisation de la mari?

ABBE GASTON VACHON: Personnellement, je le serais.

UNE VOIX DANS LE PUBLIC: Merci.

UNE VOIX DANS LE PUBLIC: Pourquoi est-ce que vous le seriez?

ABBE GASTON VACHON: Je le serais tout d'abord d'après les témoignages des jeunes que j'ai pu avoir, si lorsque quelque chose peut être légalisé à ce moment-là, on peut être certain de ce qu'on va recevoir, de ce qu'on achète comme marchandises, c'est une marchandise qui devrait d'ailleurs être soumise à certaines conditions, que celui qui s'en procure à ce moment-là, il sait qu'est-ce qu'il a entre les mains.

Maintenant, est-ce qu'actuellement



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c'est préférable à la situation qu'on connaît, les risques de se faire passer n'importe quoi, est-ce que c'est moins dangereux comme ça ce qui se passe actuellement que ce qui se passerait une fois légalisé? Personnellement, j'en doute beaucoup.

UNE VOIX DANS LE PUBLIC: Je suis entièrement d'accord avec vous.

ABBE GASTON VACHON: J'apporterais quelques éclaircissement, c'est vu que c'est plus facile, comme on le disait tout à l'heure, de se procurer de la drogue que de se procurer de la boisson pour des personnes en bas de vingt (20) ans, j'imagine que si la drogue était légalisé que le milieu extérieur serait influencé de la même façon, on ne serait pas plus influencé à en prendre si c'était légalisé que maintenant, c'est-à-dire qu'à ce moment-là on aurait même quelques avantages de plus.

Le jeune, à ce moment-là, prendrait une drogue, mais il saurait ce qu'il prend.

Une petite correction que j'aimerais apporter ici, là on m'a parlé de la mari, peut-être du hachisch, mais je ne voudrais pas qu'on emploie le mot drogue dans le sens général, parce que là je serais pas mal moins d'accord.

UNE VOIX DANS LE PUBLIC: Le cannabis donc, vous accepteriez qu'il soit légalisé?

ABBE GASTON VACHON: Oui.



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UNE VOIX DANS LE PUBLIC: Vous avez dit personnellement que vous seriez, vous, pour que la drogue, la mari soit légalisée au point par exemple qu'on fumerait de la mari comme on fume une cigarette, une cigarette ordinaire disons, disons qu'on pourrait prendre du pot à l'école.

ABBE GASTON VACHON: Qu'est-ce que ça signifie le pot? Disons que moi, je ne fais pas la différence entre la marijuana et puis le pot, est-ce que c'est la même chose ou non?

UNE VOIX DANS LE PUBLIC: C'est la même chose.

UNE VOIX DANS LE PUBLIC: Disons que moi, je serais pas d'accord pour que ça soit légalisé de cette façon-là parce que j'ai été dans des places où on fumait du pot et je peux te dire que moi personnellement sentir ça à la journée, ça ne m'intéresserait pas.

La légalisation, moi je serais pas contre, mais par exemple qu'on puisse fumer ça dans le local de l'école, ça c'est une autre histoire, ça ne serait pas un cadeau parce que justement hier soir, je suis allé veillé à une place où on en a pris et puis c'était presque pas rentable tellement c'était étouffant et puis que la fumée était épaisse.

UNE VOIX DANS LE PUBLIC: On est bien.

UNE VOIX DANS LE PUBLIC: Je pense





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qu'il faudrait que ce soit légalisé, mais qu'on puisse la prendre à des endroits spéciaux, quelque chose comme ça.

UNE VOIX DANS LE PUBLIC: Quelqu'un qui a les cheveux longs, est-ce que ça peut signifier qu'il prend de la drogue, abbé?

ABBE GASTON VACHON: Non, je ne vois pas pourquoi, à ce que je sache ce n'est pas la drogue qui fait pousser les cheveux.

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Justement on a dit au contraire que ça les faisait tomber.

UNE VOIX DANS LE PUBLIC: Au point de vue scolaire, est-ce que c'est logique qui entre ses cours sort dehors pour fumer une cigarette de le "clairer", est-ce que c'est logique?

ABBE GASTON VACHON: Ah! là disons que c'est un petit peu compliqué.

UNE VOIX DANS LE PUBLIC: Je pense que c'est arrivé et c'est dans des écoles...

ABBE GASTON VACHON: Parlez-moi de problèmes particuliers, je ne peux pas me prononcer pour les autres qui ont pris ces décisions-là.

UNE VOIX DANS LE PUBLIC: Vous êtes directeur d'école.

ABBE GASTON VACHON: Je suis directeur à une école, ça se serait plus logique.

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Il y a un monsieur en arrière qui



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demande la parole depuis tout à l'heure.

UNE VOIX DANS LE PUBLIC: Je m'excuse, monsieur l'Abbé, j'aimerais vous poser une question.

Au niveau de la Commission Scolaire, je crois qu'il y a un gros problème au niveau de l'information qui peut se diffuser; j'ai lu dans un magazine d'actualité Vie et Carrières, je pense que c'est l'article le plus banal qu'il m'ait été donné de voir dans un numéro de Vie et Carrières qui est d'ailleurs lu par nombre d'étudiants.

Maintenant, la solution à envisager au problème, c'est de faire assez de publicité pour que les gens lisent un article valable et qu'ils soient au courant de la chose.

ABBE GASTON VACHON: Je pense qu'il faut prendre le problème de plus que ça, il faut faire en sorte que des gens soient capables d'écrire des articles valables.

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Je vais vous donner juste un petit fait qui, je pense, illustre ma pensée.

Quand nous avons écrit le chapitre II du mémoire dont on vient de faire cadeau au docteur, on avait deux cent cinquante-deux (252) références bibliographiques et les chercheurs ainsi que les commissaires y ont travaillé plus de six (6) mois pour relever toutes les expériences vécues avec le cannabis, le L.S.D., les amphé-



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tamines, les tranquillisants, les barbituriques de façon à ce que les pseudo-conceptions qu'on a, qu'on se suicide ou qu'on en meure, ou parfois les vérités qui ont été émises y compris dans les journaux soient prouvées ou infirmées, c'est-à-dire qu'on dise que c'est vrai ou que ce n'est pas vrai. Et ça on a pu le faire parce qu'on est allé à la source, on est allé voir les faits.

Vous lisez parfois dans un journal qu'un jeune homme sous l'influence d'une quelconque drogue se précipite de quel xième étage et se tue.

Pour être bien sûr qu'il s'est précipité de cet étage-là sous l'influence de cette drogue-là, il faut pratiquer une autopsie et déceler des signes de cette drogues dans cette personne. Parce qu'il y a trop de cas où on n'a pas suffisamment de preuves, on nous dit: "Ah! il a pris une pastille de L.S.D.", mais qu'est-ce qu'ils en savent, est-ce qu'ils savent ce qu'il y avait dans cette pastille-là.

Nous avons donc pris beaucoup de peine, mais je pense que ce travail de cheval que nous nous sommes imposés au niveau des drogues et de leurs effets, il y a relativement peu de personnes au Canada qui l'ont fait, peut-être quelques fondations scientifiques comme l'Addiction Research of Toronto.

Il y a quelques personnes qui essaient





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de le faire, mais il n'y a pas beaucoup de personnes qui ont essayé de le faire. Quand vous lisez un petit condensé de trois (3) colonnes ou de deux (2) pages dans une revue qui par ailleurs est une revue honnête, je ne pense pas que vous pouvez vous attendre de trouver là le fin mot scientifique sur ces choses.

Ceux d'entre vous qui vraiment ont le courage et l'honnêteté d'aller au fond des choses et non pas de dire: "Time Magazine a dit ça" et puis dire: "La presse a publié telle chose", je m'excuse quand je dis la presse, je veux dire la presse avec un petit "p", je n'attaque pas un journal en particulier, ceux-là qui ont le courage de faire des recherches doivent vraiment s'asseoir et lire comme il faut, lire comme il faut ce n'est pas prendre cinq (5) minutes pour se renseigner sur les drogues, c'est très très nuancé, c'est un petit peu pareil comme si vous essayiez de régler ça en passant un pinceau sur le mur, c'est très nuancé, c'est peut-être très intéressant, mais qu'est-ce que ça donne.

Bon! Alors ce que j'essayais de dire, c'est que l'information ne peut être passée par n'importe qui.

C'est pour ça, comme le disait monsieur le directeur et maintenant monsieur, qu'est-ce que pourrait être un service d'éducation qui offrirait de l'information valable ou croyable à



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des jeunes et à des moins jeunes, des parents qui sont inquiets des faits sur la drogue, ça serait quoi, ça viendrait d'où, ça ne s'improvise pas.

Et je pense que s'il y en a parmi vous qui se découvrent des vocations pour vraiment aller au fond de ces questions, les étudier sérieusement, vous nous rendrez de grands services, ce n'est pas simple.

UNE VOIX DANS LE PUBLIC: Quelqu'un qui a pris un "cap" d'acide et qui a réalisé un "trip", quelques fois il fait n'importe quoi, il est capable de vous dire qu'est-ce que c'est que de l'acide et du L.S.D.

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: C'est-à-dire que nous allons faire quelques dernières interventions parce que notre sténotypiste a travaillé assez longtemps et pas mal fort cet après-midi.

C'est-à-dire que ce monsieur, ce jeune homme ou cet homme ou cet adulte ou cette femme peut parler de son voyage, il ne peut pas parler des voyages de son voisin.

UNE VOIX DANS LE PUBLIC: Quand il a fait des voyages pendant à peu près trois (3) ans, il a fait à peu près tous les voyages possibles.

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Mais les expériences subjectives dans



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un rapport scientifique ne les intéressent pas, nous sommes intéressés dans ces faits à titre de témoignages, nous y sommes intéressés en tant que ça vient de vous.

UNE VOIX DANS LE PUBLIC: Est-ce que la Commission LeDain a de l'expérience avec les drogues?

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Je ne dirais pas ici que tout le "staff" de la Commission LeDain a des expériences avec la drogue, je n'avancerais pas ça dutout, ça n'est peut-être pas le cas, je ne vous avancerai pas ça dutout parce que c'est à chacun son expérience et ça vous le savez bien.

UNE VOIX DANS LE PUBLIC: Ce qui m'inquiète, le travail acharné que vous avez fait et que je trouve valable d'ailleurs, est-ce qu'il va arriver à la connaissance de la majorité de la population?

PROFESSEUR MARIE-ANDREE BERTRAND, commissaire: Disons que jusqu'à maintenant notre volume a été un "best seller"

Alors maintenant nous devons procéder malheureusement à une série d'audience à huis clos, c'est-à-dire que des gens nous ont demandé de nous rencontrer en petits groupes, c'est une de nos formes d'enquête, nous l'acceptons.

Nous allons terminer la séance publique ici. S'il y a des gens qui désirent nous voir





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et qui ne l'ont pas encore manifesté, ils peuvent s'adresser à madame Madeleine Morin qui est là debout à l'arrière et qui porte des verres et qui est vêtu d'un costume gris, vous pouvez lui donner vos noms.

Maintenant, nous allons procéder à ces entrevues de groupes.

Je veux vous remercier beaucoup pour votre collaboration.

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Je soussignée Odette Gagnon, Sténotypiste Officielle, déclare que les feuillets qui précèdent sont et contiennent la transcription des procédures de la séance publique de la commission d'enquête sur l'usage des Drogues à des Fins non-médicales tenue le 6 novembre 1970 à l'hôtel Caravelle à Baie Comeau, prise par moi au moyen de la sténotypie et fidèlement transcrite, et j'ai signé:



ODETTE GAGNON,  
Sténotypiste Officielle.

















